2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 672598

Address:

City-St-Zip:

8107 NW 73RD AVE

TAMARAC, FL 33321

Entity Name: A-1 AQUATIC SYSTEMS, INC.

FILED Mar 07, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8107 NW 73RD AVE TAMARAC, FL 33321 **Current Mailing Address: New Mailing Address:** 8107 NW 73RD AVE TAMARAC, FL 33321 FEI Number: 59-2002930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORMAN, PETER J. 540 NE 4TH STREET FORT LAUDERDALE, FL 33301 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LIEBMAN, HENRY, Name: Name: 8107 NW 73RD AVE Address: Address: City-St-Zip: TAMARAC, FL City-St-Zip: Title: SD Title: () Change () Addition () Delete Name: LIEBMAN, ESTHER. Name: 7500 NW 30TH PL APT 222 Address: Address: City-St-Zip: SUNRISE, FL 00000. City-St-Zip: () Delete Title: Title: VD. () Change () Addition LIEBMAN, JACK, Name: Name: 7500 NW 30TH PL APT 222 Address: Address: City-St-Zip: SUNRISE, FL 00000, City-St-Zip: Title: () Delete Title: () Change () Addition LIEBMAN, JANET K Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: HENRY LIEBMAN PRES 03/07/2002