

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90464 002 ****61.25

DOCUMENT # 704334

1. Entity Name

THE AQUA VISTA CIRCLES CORPORATON, INC.

Principal Place of Business

Mailing Address

**32 AQUA VISTA DR
 ORMOND BEACH FL 32176
 US**

**32 AQUA VISTA DR
 ORMOND BEACH FL 32176
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0743033

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUM, LAVERNE
 32 AQUA VISTA DR
 ORMOND BCH FL 32176**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D LOHMANN, RICHARD**
 STREET ADDRESS **1 HOLLY CIR**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP BANNON, JOHN**
 STREET ADDRESS **1 LIGUSTRUM CIRCLE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P THEWLIS, JIM**
 STREET ADDRESS **30 AQUA VISTA DR**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S BAUM, LAVERNE**
 STREET ADDRESS **32 AQUAVISTA DR**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BAUM, RICHARD**
 STREET ADDRESS **32 AQUA VISTA DR**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T BYRD, SHIRLEY**
 STREET ADDRESS **4 AQUA VISTA DRIVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JIM V. THEWLIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02 386 441 5712
 Date Daytime Phone #

CR2E037 (9/01)