2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State
03-12-2003 90077 047 ***150.00

DOCUMENT # F30973

1. Entity Name
AQUASURE, INC.

Principal Place of Business	Mailing Address
6399 142ND AVE N #102	6399 142ND AVE N #102
CLEARWATER FL 33760-2728	CLEARWATER FL 33760-2728
US	US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6201 118th Ave. N.	6201 118th Ave. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo, Fl	City & State: Largo, Fl
Zip: 33773-3727 Country: USA	Zip: 33773-3727 Country: USA

4. FEI Number 59-2126570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHURE, DONALD	Name
6399-142ND AVE N #102	Street Address (P.O. Box Number is Not Acceptable): 6201 118th Ave. N.
CLEARWATER FL 33760	City: Largo FL Zip Code: 33773-3727

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 3/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SHURE, DONALD	NAME	
STREET ADDRESS	6399-142ND AVE N. #102	STREET ADDRESS	6201 118th Ave. N.
CITY-ST-ZIP	CLEARWATER FL 33760	CITY-ST-ZIP	Largo, Fl 33773-3727
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: SIGNATURE REQUIRED [signature] 3/10/03 727-535-1726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)