

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90227 042 ***150.00

DOCUMENT # P00000011928

1. Entity Name
AQUATRON CORPORATION



Principal Place of Business
**1540 NW 3RD ST
BAY 102
DEERFIELD BEACH FL 33442**

Mailing Address
**7294 SARIMENTO PLACE
DELRAY BEACH FL 33446**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1540 NW 3rd ST,

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

Country

33446

US

4. FEI Number **65-0985815**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GENTILE, CYNTHIA
7294 SARIMENTO PL
DELRAY BEACH FL 33446**

7. Name and Address of New Registered Agent

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

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 \$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

TITLE **PD** ☐ Delete
NAME **BACH, MARJORIE**
STREET ADDRESS **32855 JACKSON RD**
CITY-ST-ZIP **CHAGRIN FALLS OH 44022**

TITLE **V** ☐ Delete
NAME **GENTILE, CYNTHIA**
STREET ADDRESS **7294 SARIMENTO PL**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **VS** ☐ Delete
NAME **HARLAN, DEBRA**
STREET ADDRESS **185 HONEYBELLE OVAL**
CITY-ST-ZIP **ORANGE OH 44022**

TITLE **T** ☐ Delete
NAME **GENTILE, THOMAS**
STREET ADDRESS **7294 SARIMENTO PL**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

Thomas Gentile
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03
Date

9544269211
Daytime Phone #

CR2E034 (10/02)