

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90064 021 \*\*\*150.00

**DOCUMENT # V54054**

1. Entity Name  
**ALPHA AQUATICS, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>2616 FLORENCE DRIVE<br>KISSIMMEE FL 34744 | Mailing Address<br>2616 FLORENCE DRIVE<br>KISSIMMEE FL 34744-4930 |
|--|---|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State |
|---|---|

4. FEI Number **65-0363082** Applied For  Not Applicable

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

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>WILKER, ANNA M<br/>2616 FLORENCE DRIVE<br/>KISSIMMEE FL 34744</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WILKER, ANNA MARIE</b>       | NAME  |   |
| STREET ADDRESS             | <b>2616 FLORENCE DR</b>         | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>KISSIMMEE FL</b>             | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anna Marie Wilker ANNA MARIE WILKER 4/30/00 407-870-059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #