

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90402 013 ***150.00

DOCUMENT # V54054

1. Entity Name
ALPHA AQUATICS, INC.

Principal Place of Business
2616 FLORENCE DRIVE
KISSIMMEE FL 34744

Mailing Address
2616 FLORENCE DRIVE
KISSIMMEE FL 34744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0363082**

Applied For
 Not Applicable

Zip **34744** Country

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

WILKER, ANNA M
2616 FLORENCE DRIVE
KISSIMMEE FL 34744

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 _____ (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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|---------------------------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | D WILKER, ANNA MARIE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | 2616 FLORENCE DR | | |
| | KISSIMMEE FL | | |
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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** 4/12/02

CR2E034 (9/01)