2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752888

changed, or on an attachs

SIGNATURE:

01-16-2002 90044 039 ****61 25 WEST FLORIDA LIGHTNING AQUATICS, INC. Principal Place of Business Mailing Address P.O. BOX 1144 13120 VONN ROAD INDIAN ROCKS BEACH FL 33785-1144 LARGO FL 33774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-6582968 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOREAU, PATRICIA -79479 IVYWOOD RD WOOD LARGO FL 33777 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State 10. **QFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Hesident TITI F ☐ Change ☐ Addition 10/6 Delete TITLE MOREAU, PATRICIA NAME NAME 7949 IVYWOOD RD STREET ADDRESS CR2E037 STREET ADORESS CITY-ST-7IP CITY-ST-ZIP LARGO FL 33777 Vice-President TITLE Delete TITLE ☐ Change ☐ Addition COULOMBE, DAWN NAME NAME STREET ADDRESS **5010 MYRTLE LANE** STREET ADDRESS ST PETERESBURG FL 33708 CITY-ST-7IP CITY-ST-ZIP SD Secretory CROMER, JAYNE TITLE Delete TITLE ☐ Change Addition NAME NAME 12090 77TH ST NORTH STREET ADDRESS STREET ADDRESS LARGO FL 33773 CITY-ST-ZIP CITY-ST-ZIP Treasurer TITLE Delete TITLE ☐ Change ☐ Addition MOSES, PATRICIA NAME NAME STREET ADDRESS 14195 SIESTA ROAD STREET ADDRESS CITY-ST-ZIP LARGO FL 33774 CITY-\$T-ZIP Treasurer Denise Si Assitant TITLE Delete Addition TITLE MORTEN, CINDY NAME MALIF 8063 QUINN COURT 13328 93RD AVE NO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **SEMINOLE FL 33776** CITY-ST-ZIP LARGO, FLORIDA Defete TITLE TITLE ☐ Change Addition. TESSIER, PAUL NAME NAME 13379 SORRENTO DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33774 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

FILED

Mar 18, 2002 8:00 am Secretary of State