

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 321928

1. Entity Name

FANCY AQUATICS, INC.

Principal Place of Business

5672 WINONA TRL.
DELEON SPGS FL 32130
US

Mailing Address

5672 WINONA TRL.
DELEON SPGS FL 32130
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PETERSON, EDWIN G
5672 WINONA TRAIL
DE LEON SPRINGS FL 32130

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PETERSON, EDWIN G	
STREET ADDRESS	5672 WINONA TRAIL	
CITY-ST-ZIP	DE LEON SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FUZZARD, GARY R.	
STREET ADDRESS	5672 WINONA TRAIL	
CITY-ST-ZIP	DE LEON SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETERSON, DOLORES	
STREET ADDRESS	5672 WINONA TRAIL	
CITY-ST-ZIP	DE LEON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Dolores Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-24-01

Daytime Phone #

904 985-4454



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

UN36371

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90321 020 ***150.00