2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 08:00 AM
Secretary of State

DOCUMENT # **583794**

1. Entity Name
AQUATIC MARINE SYSTEMS, INC.

Principal Place of Business	Mailing Address
12390 SOUTH ISTACHATTA ROAD	12390 SOUTH ISTACHATTA ROAD
FLORAL CITY FL 32636	FLORAL CITY FL 32636

2. Principal Place of Business	3. Mailing Address
	1040 KIMBROUGH HILL LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: GREENSBORO GA
Zip / Country	Zip: 30642 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-1878023** ☐ Applied For ☐ Not Applicable

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
COATES THOMAS L 12930 S.ISTACHATTA RD. FLORAL CITY FL 32636 US	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 _____ **01/24/2001**
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST COATES ELIZABETH A 12930 S.ISTACHATTA RD. FLORAL CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST COATES ELIZABETH AS/T 12930 S.ISTACHATTA RD. FLORAL CITY FL 34436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EGGERS CHARLES F 139 CHAPEL WOODS WILLIAMSVILLE NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EGGERS CHARLES FVP 1040 KIMBROUGH HILL LANE GREENSBORO GA 30642	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COATES THOMAS L 12930 S.ISTACHATTA RD. FLORAL CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COATES THOMAS LPRES 12930 S.ISTACHATTA RD. FLORAL CITY FL 34436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Charles F. Eggers VP 01/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #