

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 588259

1. Entity Name

AQUARIUS TRAVEL SERVICE, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90371 019 ***150.00

Principal Place of Business

1850 FOREST HILL BLVD
SUITE 109
W PALM BEACH FL 33406
US

Mailing Address

1850 FOREST HILL BLVD
SUITE 109
W PALM BEACH FL 33406-6056
US

80015582



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1848665

Applied For

Not Applied

Zip

Country

Zip

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

DAVIS, RONDA C
1850 FOREST HILL BLVD.
SUITE 109
WEST PALM BEACH, FL. FL 33406

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 *may* Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DAVIS, RONDA C
STREET ADDRESS 415 WATERWAY VILLAGE COURT
CITY-ST-ZIP W. PALM BCH. FL 33413 ☐ Delete

TITLE ☒ Change ☐
NAME
STREET ADDRESS 4125 BAHIA ISLE CIRCLE
CITY-ST-ZIP WELLINGTON, FL 33415

TITLE D
NAME PICKHARDT, ANGELA
STREET ADDRESS 13661 EXOTICA LN
CITY-ST-ZIP WELLINGTON FL ☐ Delete

TITLE ☒ Change ☐
NAME
STREET ADDRESS 4125 BAHIA ISLE CIRCLE
CITY-ST-ZIP WELLINGTON, FL 33415

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Angela Pickhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00
Date

(561) 964-680x
Daytime Phone #