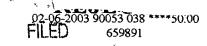
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 659891

1. Entity Name

SIGNATURE

FLORIDA AQUASTORE SALES, INC.



03 APR 10 AM 9: 17

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Principal Place of Business Mailing Address 4722 N.W. BOCA RATON BLVD. 4722 N.W. BOCA RATON BLVD. 90018863 STE. C-102 STE. C-102 **BOCA RATON FL 33431** BOCA RATON FL 33431 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 59-1976754 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired -----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHELCHEL, JOHN D. Street Address (P.O. Box Number is Not Acceptable) 1250 SABAL PALM DR **BOCA RATON FL 33432** City Zip Code 8. The above no our specific hanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligati (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE PSD TITLE ☐ Change Deleta WHELCHEL, JOHN D. MALIF NAME 400015767154 4722 N.W. BOCA RATON BLVD., STE. C-102 STREET ADDRESS STREET ADDRESS 04/11/03--01076--018 **100.00 CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE **VP** Delete TITI F ☐ Change ☐ Addition FOX, JOHN L NAME NAME 4722 N.W. BOCA RATON BLVD., STE. C-102 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ~ 🖸 Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE TITLE Delete ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITE F Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 received or trustee empowered to execute this report as repedied by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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