

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745589

1. Entity Name

MISSION: AQUARIUS, INC.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90353 022 \*\*\*\*61.25

Principal Place of Business

8441 FOREST HILLS DR #304  
CORAL SPRINGS FL 33065  
US

Mailing Address

8441 FOREST HILLS DR #304  
CORAL SPRINGS FL 33065  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1926033

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

MUIR, MARILYN J.  
8441 FOREST HILLS DR #304  
CORAL SPRINGS FL 33065

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☐ Delete  
NAME WHELCHER, JORDAN II  
STREET ADDRESS 2211 SR #9  
CITY-ST-ZIP BLACK MOUNTAIN NC 28711

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

TITLE D ☐ Delete  
NAME ~~MUIR~~, LYNDY  
STREET ADDRESS 7099 FULLER STATION RD.  
CITY-ST-ZIP SCENECTADY NY 12303

TITLE ☒ Change ☐ Addition  
NAME Bleser  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WALTZ, ELLIE  
STREET ADDRESS 415 LOCK RD #25  
CITY-ST-ZIP DEERFIELD BEACH FL 33432

TITLE ☒ Change ☐ Addition  
NAME 1401 - 38th Ave  
STREET ADDRESS Vero Beach, FL 32960  
CITY-ST-ZIP

TITLE DPS ☐ Delete  
NAME MUIR, MARILYN  
STREET ADDRESS 8441 FOREST HILLS DR #304  
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE D ☐ Delete  
NAME SHENK, PAMELA  
STREET ADDRESS 39 ROGERS LANE  
CITY-ST-ZIP REMSENBURG NY 11060

TITLE ☒ Change ☐ Addition  
NAME 2837 N Course Dr #204  
STREET ADDRESS Pompano, FL 3306  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

Daytime Phone #

954 782 5928 wk

CR2E037 (10/00)