

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F30957

1. Entity Name  
**AQUA-TURF, INC.**



Principal Place of Business  
**1860 ORANGE ST  
OVIEDO, FL 32765 US**

Mailing Address  
**1860 ORANGE ST  
OVIEDO, FL 32765 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-2185299**

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

**GREEN, MICHAEL  
1860 ORANGE ST  
OVIEDO, FL 32765**

Name  
**Cory Friese**

Street Address (P.O. Box Number is Not Acceptable)  
**1860 Orange Street**

City  
**Oviedo**

FL

Zip Code  
**32765**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agents signature required when reinstating)

DATE

**12-5-03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	GREEN, MICHAEL	
STREET ADDRESS	1860 ORANGE STREET	
CITY-ST-ZIP	OVIEDO, FL	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	GREEN, MICHAEL	
STREET ADDRESS	1860 ORANGE STREET	
CITY-ST-ZIP	OVIEDO, 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		

TITLE	DPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cory Friese	
STREET ADDRESS	1860 Orange Street	
CITY-ST-ZIP	Oviedo, FL 32765	
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
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 607, 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

*Cory Friese*  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

**12-5-03**

**407-925-6269**

CR2E034 (10/02)