

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F39688

1. Entity Name

AQUARIUS WATER SYSTEMS, INC.

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90038 022 ***150.00

| | |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Principal Place of Business 211 CLAUDE BRANDON ROAD P.O. BOX 40 ALACHUA FL 32616 US | Mailing Address 211 CLAUDE BRANDON ROAD P.O. BOX 40 ALACHUA FL 32616-0040 US |
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|------------------------------------------------------------------------------|------------------------------------------------------------------|---------|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country | Country |
|------------------------------------------------------------------------------|------------------------------------------------------------------|---------|---------|



DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2265303 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

GRIFFIS, STANLEY H., JR.
211 CLAUDE BRANDON RD
ALACHUA FL 32615

7. Name and Address of New Registered Agent

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 _____ (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 Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GRIFFIS, STANLEY H., JR. 211 CLAUDE BRANDON RD. ALACHUA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DENIN, CONSTANCE W 211 CLAUDE BRANDON RD ALACHUA FL 32615 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DEAN, CONSTANCE W. 211 CLAUDE BRANDON RD ALACHUA, FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00 (904) 462-2845
Date Daytime Phone #

CR2E034 (9/99)