

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90112 046 ***150.00

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DOCUMENT # F39688

1. Entity Name

AQUARIUS WATER SYSTEMS, INC.

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
 US**

2. Principal Place of Business

14405 Peggy Road

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 40

Suite, Apt. #, etc.

City & State

Alachua, FL 32615

Zip
32615

Country
US

City & State

Alachua, FL 32616

Zip
32616

Country
US

4. FEI Number

59-2265303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

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

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, 2002 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

TITLE **P** ☐ Delete
 NAME **GRIFFIS, STANLEY H., JR.**
 STREET ADDRESS **211 CLAUDE BRANDON RD.**
 CITY-ST-ZIP **ALACHUA FL**

TITLE **S** ☐ Delete
 NAME **GRIFFIS, CONSTANCE W**
 STREET ADDRESS **211 CLAUDE BRANDON RD**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **14405 Peggy Road**
 CITY-ST-ZIP **Alachua, FL 32615**

TITLE ☒ Change ☐ Addition
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 CITY-ST-ZIP **Alachua, FL 32615**

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

SIGNATURE:

Stanley H. Griffis, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/02

386 462 2845

CR2E034 (9/01)