

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004091

1. Entity Name

AQUARIA, INC.

Principal Place of Business

6100 CONDOR DRIVE
MOORPARK CA 93021

Mailing Address

6100 CONDOR DRIVE
MOORPARK CA 93021

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 95-2556867

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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, 2001 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 CP
NAME SHERMAN, ROBERT ☒ Delete
STREET ADDRESS 5022 ROYAL VISTA COURT
CITY-ST-ZIP THOUSAND OAKS CA 91362

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

TITLE V
NAME SNYDER, WILFRED P ☐ Delete
STREET ADDRESS 2147 BENNINGTON COURT
CITY-ST-ZIP THOUSAND OAKS CA 91360

TITLE CFO
NAME JOHN MC GREEVY ☐ Change ☒ Addition
STREET ADDRESS 3195 ELMORE STREET
CITY-ST-ZIP SIMI VALLEY, CA 93063

TITLE SCFO
NAME BUSSING, JOSEPH ☐ Delete
STREET ADDRESS 285 FAWN VALLEY COURT
CITY-ST-ZIP SIMI VALLEY CA 93065

TITLE PRESIDENT
NAME JOSEPH BUSSING ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WILSON, MICHAEL A ☐ Delete
STREET ADDRESS 125 HIGH STREET, STE 2500
CITY-ST-ZIP BOSTON MA 02110

TITLE DIRECTOR
NAME ROBERT SHERMAN ☐ Change ☒ Addition
STREET ADDRESS 740 COUNTRY VALLEY ROAD
CITY-ST-ZIP WESTLAKE VILLAGE, CA 91362

TITLE D
NAME MCLANE, ANDREW P ☐ Delete
STREET ADDRESS 125 HIGH ST, STE 2500
CITY-ST-ZIP BOSTON MA 02110

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

TITLE D
NAME STERN, MARK ☐ Delete
STREET ADDRESS 2100 PACIFIC ST
CITY-ST-ZIP HAUPPAUGE NY 11788

TITLE
NAME ☐ Change ☐ Addition
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:

John T. Mc Greevy

JOHN T. MC GREEVY

3-6-01

805-529-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)