

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90294 021 \*\*\*150.00

06/27/02 AR

**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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

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

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>MC GREEVY, JOHN</b>	
STREET ADDRESS	<b>2475 RUDOLPH STREET</b>	
CITY-ST-ZIP	<b>SIMI VALLEY CA 93065</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SNYDER, WILFRED P</b>	
STREET ADDRESS	<b>2147 BENNINGTON COURT</b>	
CITY-ST-ZIP	<b>THOUSAND OAKS CA 91360</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BUSSING, JOSEPH</b>	
STREET ADDRESS	<b>285 FAWN VALLEY COURT</b>	
CITY-ST-ZIP	<b>SIMI VALLEY CA 93065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, MICHAEL A</b>	
STREET ADDRESS	<b>125 HIGH STREET, STE 2500</b>	
CITY-ST-ZIP	<b>BOSTON MA 02110</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCLANE, ANDREW P</b>	
STREET ADDRESS	<b>125 HIGH ST, STE 2500</b>	
CITY-ST-ZIP	<b>BOSTON MA 02110</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STERN, MARK</b>	
STREET ADDRESS	<b>2100 PACIFIC ST</b>	
CITY-ST-ZIP	<b>HAUPPAUGE NY 11788</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/22/03** **805 553-4452**  
Date Daytime Phone #

CR2E034 (10/02)