

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005752

1. Entity Name
AQUA TERRA CONSULTANTS, INC.



FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90163 042 ***158.75

Principal Place of Business
2685 MARINE WAY
STE. 1314
MOUNTAIN VIEW CA 94043
US

Mailing Address
2685 MARINE WAY
STE. 1314
MOUNTAIN VIEW CA 94043
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-2972392**
Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DONIGIAN, ANTHONY S	
STREET ADDRESS	2685 MARINE WAY, STE. 1214	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DONIGIAN, NANCY A	
STREET ADDRESS	2685 MARINE WAY, STE. 1314	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	
TITLE	V	<input type="checkbox"/> Delete
NAME	BICKNELL, BRIAN	
STREET ADDRESS	2685 MARINE WAY, STE. 1314	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	
TITLE	V	<input type="checkbox"/> Delete
NAME	IMHOFF, JOHN	
STREET ADDRESS	735 MAIN ST	
CITY-ST-ZIP	OURAY CO 81427	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHANDONAY, MARY	
STREET ADDRESS	2685 MARINE WAY, STE. 1314	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	KITTLE, JOHN L	
STREET ADDRESS	150 E PONCE DE LEON AVE STE 355	
CITY-ST-ZIP	DECATUR GA 30030	

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYERLEIN, DOUGLAS C	
STREET ADDRESS	3115 OAKES AVENUE	
CITY-ST-ZIP	EVERETT WA 98201	
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 **MARY SHANDONAY**
OF ADMINISTRATION
Date **2/14/03** Daytime Phone # **(650) 962-1864**

CR2E034 (10/02)