

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 8:00 am**
Secretary of State

04-02-2001 90475 028 ***150.00

0262373

DOCUMENT # F95000001308

1. Entity Name

AQUA CLEAN SHIPS, INC.

Principal Place of Business

**936 PEARCE PORTAL DRIVE
BLAINE WA 98230**

Mailing Address

**2071 SW 70TH AVE
SUITE G8
DAVIE FL 33317**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

639873

DO NOT WRITE IN THIS SPACE

4. FEI Number **91-1389790**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DARLENE NELSON-OLIPHANT; CPA
2071; SW 70 AVE. SUITE G8
DAVIE FL 33317**

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, 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

TITLE **C** ☐ Delete
NAME **PRICE, ALAN G**
STREET ADDRESS **2319 COMMISSIONER STREET**
CITY-ST-ZIP **VANCOUVER B.C. CANADA**TITLE **PCEO** ☐ Delete
NAME **TAGGART, JOHN A**
STREET ADDRESS **2319 COMMISSIONER ST**
CITY-ST-ZIP **VANCOUVER BC**TITLE **VP** ☐ Delete
NAME **PRICE, CHRISTOPHER R**
STREET ADDRESS **2319 COMMISSIONER ST**
CITY-ST-ZIP **VANCOUVER BC CANADA**TITLE **S** ☐ Delete
NAME **PAWLOWSKI, MARK**
STREET ADDRESS **2319 COMMISSIONER ST.**
CITY-ST-ZIP **VANCOUVER, BC CANADA**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

Date

Daytime Phone #

CR2E034 (10/00)