

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000165

1. Entity Name

MIDWEST AQUATICS, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90020 032 ***150.00

Principal Place of Business 417 LAGUNA AVE KEY LARGO FL 33037	Mailing Address 417 LAGUNA AVE KEY LARGO FL 34202-2237
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6707 SPRING MOSS PLACE Suite, Apt. #, etc.	3. Mailing Address 6707 SPRING MOSS PLACE Suite, Apt. #, etc.
City & State BRADENTON, FL	City & State BRADENTON, FL

4. FEI Number 48-1029968	Applied For <input type="checkbox"/> Not Applicable
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Zip 34202	Country US	Zip 34202	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KAMMERER, JACOB L
 417 LAGUNA AVE.
 KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name: KAMMERER, JACOB L.
 Street Address (P.O. Box Number is Not Acceptable): 6707 SPRING MOSS PLACE
 City: BRADENTON FL Zip Code: 34202

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: *Jacob L. Kammerer* (NOTE: Registered Agent signature required when reinstating) DATE: X 4/12/2000

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PTDC KAMMERER, JACOB L 417 LAGUNA AVE. KEY LARGO FL 33037 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSDC KAMMERER, LINDA M 11404 KNOX OVERLAND PARK KS 66210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6707 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6707 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X *Jacob L. Kammerer* DATE: 4/12/2000 941-907-3718
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)