

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90763 013 ***150.00

DOCUMENT # F96000004098

1. Entity Name
ENTERPRISE AQUATICS, INC.

DO NOT WRITE IN THIS SPACE

14017888

2. Principal Place of Business
708 BOLL WEEVIL CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
708 BOLLWEEVIL CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ENTERPRISE, AL

City & State
ENTERPRISE, AL

4. FEI Number
63-1107794

Zip
36330

Zip
36330

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HILTON JR., CHARLES
Street Address (P.O. Box Number is Not Acceptable)
4116 N. HIGHWAY 231
City
PANAMA CITY FL Zip Code
32404

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$64.25
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 **PRESIDENT**
NAME **JONES, BRUCE D.**
STREET ADDRESS **708 BOLL WEEVIL CIRCLE**
CITY - ST - ZIP **ENTERPRISE, AL 36330**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **SECRETARY/TREASURER**
NAME **JONES, CHARLES A.**
STREET ADDRESS **110 RACHEL DRIVE**
CITY - ST - ZIP **ENTERPRISE, AL 36330**

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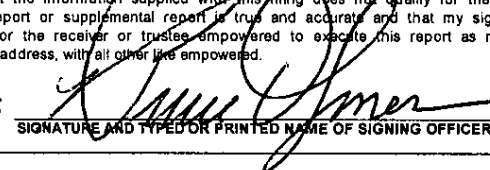
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IN THIS SPACE**

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 on an attachment with an address, with all other persons empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

4-29-04 334-393-6386