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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
708 BOLL WEEVIL CIRCLE	708 BOLLWEEVIL CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ENTERPRISE, AL	City & State: ENTERPRISE, AL
Zip: 36330 / Country:	Zip: 36330 / Country:

4. FEI Number: 63-1107794 — Applied For ☐ Not Applicable ☐

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 $560.00
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	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 like empowered.

SIGNATURE: _____ 4-29-04 334-393-6386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3W1140 1.000