

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90193 011 ***150.00

DOCUMENT # F96000004098

1. Entity Name
ENTERPRISE AQUATICS, INC.

DO NOT WRITE IN THIS SPACE

90089940

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
708 BOLL WEEVIL CIRCLE
Suite, Apt. #, etc.
City & State
Zip

ENTERPRISE, AL

ENTERPRISE, AL

36330

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

**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

PANAMA CITY, FL 32404

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 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 \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **JONES, BRUCE D**
STREET ADDRESS **708 BOLL WEEVIL CIRCLE**
CITY - ST - ZIP **ENTERPRISE, AL 36330**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **ST**
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**

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:

Bruce D. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03
Date

334-393-6386
Daytime Phone #

CR2E034B (12/02)