

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90009 040 ***550.00

DOCUMENT # G44057

1. Entity Name

AQUA-CYCLE INTERNATIONAL, INC.

Principal Place of Business

**6502 S. LAGOON DR.
 PANAMA CITY BEACH FL 32408**

Mailing Address

**P.O. BOX 9420
 PANAMA CITY BEACH FL 32417**

2. Principal Place of Business

5126 LAKEVIEW AVE

3. Mailing Address

P.O. Box 2129

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

YORBA LINDA, CA

City & State

YORBA LINDA, CA

4. FEI Number

59-2892803

Applied For

Not Applicable

Zip

92886

Country

USA

Zip

92885

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PARKER, HOWARD
 6502 S. LAGOON DR.
 PANAMA CITY BEACH FL 32408**

7. Name and Address of New Registered Agent

Name

DEREK BENNETT

Street Address (P.O. Box Number is Not Acceptable)

112 E. 3RD CT.

City

PANAMA CITY

FL

Zip Code

32401

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-19-01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PTS** ☐ Delete
 NAME **PARKER, HOWARD**
 STREET ADDRESS **6502 S. LAGOON DR.**
 CITY-ST-ZIP **PANAMA CITY BCH. FL 32408**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☒ Change ☐ Addition
 NAME **PARKER, HOWARD**
 STREET ADDRESS **5126 LAKEVIEW AVE**
 CITY-ST-ZIP **YORBA LINDA, CA 92886**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-19-01 850-235-0535

0110364 AT

CR2E034 (5/01)