

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90286 034 \*\*\*150.00

<b>DOCUMENT #</b> H 59903
<b>1. Entity Name</b>
Aqua Sun Supply, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 6726 Ridge Road		<b>3. Mailing Address</b> 6726 Ridge Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Port Richey, FL		<b>City &amp; State</b> Port Richey, FL	
<b>Zip</b> 34668-6840	<b>Country</b> USA	<b>Zip</b> 34668-6840	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-2558784		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> William Schulze	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6726 Ridge Road	
<b>City</b> Port Richey	<b>FL</b> <b>Zip Code</b> 34668-6840

**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** William Schulze **4/25/2005**  
Signature, typed or printed name 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**

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

**Make Check Payable to Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP William Schulze 6726 Ridge Road Port Richey, FL 34668-6840	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DTS Pamela Schulze 6726 Ridge Road Port Richey, FL 34668-6840	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVP Christopher Schulze 6726 Ridge Road Port Richey, FL 34668-6840	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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**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:**  William Schulze \ President **4/25/2005** **(727) 848-7474**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #