

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46822

1. Entity Name

AQUATIC-LIFE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90130 044 ***150.00

Principal Place of Business

Mailing Address

3232 SE FEDERAL HWY
STUART FL 34997

3232SE FEDERAL HWY
STUART FL 34997
US

2. Principal Place of Business

3. Mailing Address

5525 SW WOODHAM STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palm City, FL

Zip

Country

Zip

Country

34990

US

4. FEI Number

59-2747482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLSPAUGH, NANCY
5525 SW WOODHAM ST
PALM CITY FL 34990

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME MILLSPAUGH, NANCY
STREET ADDRESS 5525 SW WOODHAM ST
CITY-ST-ZIP PALM CITY FL ☐ Delete

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

TITLE V
NAME BYXBEE, CARL
STREET ADDRESS 5525 SW WOODHAM ST
CITY-ST-ZIP PALM CITY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

Carl Byxbee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-2000
Date

561-287-7177
Daytime Phone #

CR2E034 (9/99)