

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J51292

1. Entity Name

AQUA INVESTMENT COMPANY OF PALM COAST

Principal Place of Business

Mailing Address

13 UTILITY DRIVE
P.O. BOX 350814
PALM COAST FL 32135-7814

13 UTILITY DRIVE
P.O. BOX 350814
PALM COAST FL 32135-7814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2857411

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

AMARAL, ANTONIO
13 UTILITY DRIVE
PALM COAST FL 32137

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	AMARAL, ANTONIO	
STREET ADDRESS	2 CENTER PLACE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	AMARAL, MARIA	
STREET ADDRESS	2 CENTER PLACE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	AMARAL, DAVID	
STREET ADDRESS	2 CENTER PLACE	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA AMARAL

1/12/01

Date

(904) 445-9393

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90147 013 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)