

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88514

1. Entity Name

AQUATIC ILLUSIONS, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90047 025 \*\*\*150.00

Principal Place of Business

221 N.E. 20TH AVENUE  
DEERFIELD BEACH FL 33441

Mailing Address

221 N.E. 20TH AVENUE  
DEERFIELD BEACH FL 33441-3844

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2836362

Applied For

Not Applied For

Zip

Country

Zip

Country

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

EMANUELE, MARK A.  
3600 N. FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33308

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DP	NORRIS, CHARLES R., SR.	1523 E. HILLSBORO BLVD.	DEERFIELD BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
DT	NORRIS, ELENOR J.	1523 E. HILLSBORO BLVD.	DEERFIELD BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
DV	NORRIS, CHARLES R., JR.	1300 S.W. 16TH STREET	BOCA RATON FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
DS	NORRIS, FRANCESCA E.	1300 S.W. 16TH STREET	BOCA RATON FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio

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 owner 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

*Charles R. Norris, Sr.*  
CHARLES R. NORRIS, SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2000

Date

(954) 428-3545

Daytime Phone #