

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90233 042 \*\*\*150.00

**DOCUMENT # K92713**

1. Entity Name

**AQUA PUMP SYSTEMS INC.**

Principal Place of Business

Mailing Address

5310 HARLOW BLVD  
JACKSONVILLE FL 32210

P.O. BOX 7184  
1416 KINGSLEY AVENUE  
JACKSONVILLE FL 32238-0184  
US

2. Principal Place of Business

**6842 Estrada Rd**

Suite, Apt. #, etc.

3. Mailing Address

**6842 Estrada Rd**

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32217**

Country

**USA**

Zip

**32217**

Country

**USA**

4. FEI Number

**59-2952507**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STONE, H.E.**  
**56310 HARLOW BLVD**  
**JAX FL 32210**

7. Name and Address of New Registered Agent

Name

**Stone, H.E.**

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

**6842 Estrada Rd.**

City

**Jacksonville**

**FL**

Zip Code

**32217**

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.

**H.E. Stone, President**

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS STONE, HARLEY E. 5310 HARLOW BLVD JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS Stone, Harley E. 6842 Estrada Rd. Jacksonville, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>32217</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-14-00**

Date

Daytime Phone #

CR2E034 (9/99)