

FILED
Apr 02, 2002 8:00 am
Secretary of State

01-16-2002 90259 034 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004587

1. Entity Name

AQUAGRACE, LLC

Principal Place of Business

3211 SEAWAY DRIVE
NEW PORT RICHEY FL 34652

Mailing Address

3211 SEAWAY DRIVE
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

02-0555416

4. FEI Number APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name WORTNER-INTL. INC

Street Address (P.O. Box Number, if applicable)

3211 SEAWAY DR
NEW PORT RICHEY
FL 34652

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

01/05/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME 3 GRACES RESORT, LLC
STREET ADDRESS 3211 SEAWAY DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

☐ Delete

TITLE MR
NAME Erich Sieber
STREET ADDRESS 3211 Seaway Dr
CITY-ST-ZIP N.P. Richey, FL 34652

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/05/02 727 8427613

CR2E083 (9/01)