## **FILED**

## 2002 HNIFORM RUSINESS REPORT (URB)

DOCUMENT # L21800					Jul 28, 2002 8:00 am Secretary of State		
BUZBEE	AQUATICS, INC.				07-28-2002 902	02 021 ***55	50.00
Principal Pla	ce of Business	Mailing Address					
11706 RHODINE RD RIVERVIEW FL 33569		P.O. BOX 2021			BATAWAAT		
HIVEHVIEW F	L 33369	RIVERVIEW FL 33569					
2. Principal Place of Business		3. Mailing Address				ITOTA DIBII DIBII DICII I	01017 <b>0</b> 1011 10 <b>0</b> 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number <b>59-3057485</b>	<del></del>	pplied For lot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$9.75 4	Iditional
	6. Name and Address of Curren	t Registered Agent		7.	Name and Address of New Registe		
BUZBEE, SPENCER				Name			
			Street	Address (P.O. I	(P.O. Box Number is Not Acceptable)		
1\706 RHODINE ROAD RIVERVIEW FL 33569							
in						<b>□</b> Zip Coo	te .
8 The above	e named entity submits this statement t	for the purpose of changing its	City				
the obliga	tions of registered agent.	or the purpose of changing its	registered office (	or registered ag	gent, or both, in the State of Florida.	am familiar with,	, and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTI	E: Registered Agent signa	ture required when r	einstating)	ATE	<del></del>
9. This corp	oration is eligible to satisfy its Intangible				<u></u>		
Tax filing requirement and elects to do so. (See criteria on back)		After September 13, 2002 Fee will be \$750 Make Check Payable to Department of St.		be \$750.00	10. Election Campaign Financing Trust Fund Contribution.	, ΨΟ.Ο	<b>)0</b> May Be d to Fees
11.	OFFICERS AND		12.		LODITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE	Р	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	BUZBEE, SPENCER 11706 RHODINE ROAD		NAME STREET ADDRESS				
CITY-ST-ZIP	RIVERVIEW FL 33569		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE	,	☐ Delete	TITLE		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
NAME		-	NAME			··g-	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE				□ Address
NAME		C Delete	NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS				l
City-St-Zip			CITY-ST-ZIP				
TITLE		□ Delete	TITLE		7.00	☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE!

NAME

STREET ADDRESS

CITY-ST-ZIP

Addition

☐ Change

CR2E034 (4/02)