## FILED Jul 09, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) L49325 **DOCUMENT#** 1. Entity Name 07-09-2002 90379 023 \*\*\*150.00 AQUARIUM DESIGNS INCORPORATED Principal Place of Business Mailing Address 8363 BOWIE WAY 8363 BOWIE WAY LAKE WORTH FL 33467 LAKE WORTH FL 33467 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0185723 Not Applicable Country \$8.75 Additional Country\_ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROLFES, JOHN C. Street Address (P.O. Box Number is Not Acceptable) 8363 BOWIE WAY LAKE WORTH FL 33467 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete ROLFES, JOHN C. NAME NAME 8363 BOWIE WAY STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CATY - ST- 7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME ROLFES, JOHN C. NAME 8363 BOWIE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -LAKE WOTRH FL. CITY-ST-ZIP -Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change [ ] Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

□ Delete

☐ Delete

OZ 561-395-880Z

Change

Change

☐ Addition

☐ Addition

## Attachment # 149325 BOIDSODS 7/1/02 Vear sirs, I am writing this letter in response to receiving the zoor Uniform Business Regult. it was shocked to see the amount of owed because of never recieved any other correspondence beef before this report. It have had some trade trouble getting my maile earlier this year. One several occasions my neighbors brought mail to me that was delivered to them by accident. of called the 850-488-9000 number today when it received this report and the employee told me to send \$150,00 along with a note

to explain this.

Starlyon, John Polger, Bresident Aquarum Designs