

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
 02-05-2002 90020 001 ***150.00

0318992 AV

DOCUMENT # L73379

1. Entity Name
AQUARIUS SPRINKLERS, INC.

Principal Place of Business
2731 SW 18 ST
FORT LAUDERDALE FL 33312

Mailing Address
2731 SW 18 ST
FORT LAUDERDALE FL 33312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2731 SW 18th St
 Suite, Apt. #, etc.

3. Mailing Address
2731 SW 18th St
 Suite, Apt. #, etc.

City & State
Ft. Lauderdale FL
 Zip
33312
 Country
USA

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4. FEI Number **59-3013304**
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SILVESTRI, MICHAEL A.
2731 SW 18TH ST
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
 Name **Michael Silvestri**
 Street Address (P.O. Box Number is Not Acceptable)
2731 SW 18th St
 City **Ft. Lauderdale** FL Zip Code **33312**

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 _____ (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, 2002 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
	PD	SILVESTRI, MICHAEL A. 2731 SW 18 ST FORT LAUDERDALE FL			

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 another like empowered.

SIGNATURE: **1/17/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)