2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNA

Apr 20, 2001 8:00 am Secretary of State **DOCUMENT # L82028** LIVING WATERS AQUARIUM & POND, INC. 04-20-2001 90168 033 ***155.00 Principal Place of Business Mailing Address 821 WOODCREST AVENUE 821 WOODCREST AVENUE **CLEARWATER FL 34616** CLEARWATER FL 34616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3024919 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, MICHAEL G. Street Address (P.O. Box Number is Not Acceptable) **821 WOODCREST AVENUE CLEARWATER FL 34616** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Delete TITLE Change Addition TITLE MILLER, MICHAEL G. NAME NAME STREET ADDRESS 821 WOODCREST AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34616 TITLE Change ☐ Addition ☐ Delete TITLE MILLER, MICHELE R. NAME NAME STREET ADDRESS STREET ADDRESS 821 WOODCREST AVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34616 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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.

April 16 2001 727 - 443-7076
Date Date Daytime Phone #