1/15/02-90043-0

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Feb 24, 2002 8:00 am
Secretary of State
01-15-2002 90043 045 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79200

1. Entity Name
AQUANAUTIQUE, INC.

Principal Place of Business	Mailing Address
146 JOHNSTON AVE JACKSONVILLE FL 32211 US	PO BOX 50096 JACKSONVILLE BEACH FL 32240 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2940 Jane Lane	2940 Jane Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hilliard, Florida	City & State: Hilliard, Florida
Zip: 32046 Country: USA	Zip: 32046 Country: USA

4. FEI Number: 59-2889473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LLOYD, ROGER 146 JOHNSTON AVE JACKSONVILLE FL 32211	Name: Lloyd, Roger Street Address (P.O. Box Number is Not Acceptable): 2940 Jane Lane City: Hilliard, Florida FL Zip Code: 32046

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: Roger M. Lloyd Roger M. Lloyd 01/05/02
Signature, typed or printed name of registered agent and title if applicable. (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	D LLOYD, ROGER 146 JOHNSTON AVE JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lloyd, Roger 2940 Jane Lane Hilliard, Fl 32046	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEULIN, LISA 253 CARRIANN LOVE TRAIL JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Deulin, Lisa 253 Carriann Cove Trail Jacksonville, Fl 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WUENSCH, LYNETTE 2940 SOUTH TANNER ORLANDO FL 32820	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXS LLOYD, ALANA P.O. BOX 50096 JAX BCH FL 32240	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S 2940 Jane Lane Hilliard, Fl 32046	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sally Singleton 2940 Jane Lane Hilliard, Fl 32046	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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.

SIGNATURE: Roger M. Lloyd Roger M. Lloyd 9043073742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number
904 307 3742

Attachment
13849
[redacted]

LLOYD JR, ROGER M

To: ANNUAL REPORTS SECTION
Subject: ATTACHMENT

D
DR. ROGER M. LLOYD
2940 JANE LANE
HILLIARD, FLORIDA
32046

VP
LISA K. LLOYD
253 CARRIANN COVE TRAIL
JACKSONVILLE, FLORIDA
32225

ST
SALLY SINGLETOM
2940 JANE LANE
HILLIARD, FLORIDA
32046

THANKS
Roger M. Lloyd
DR. ROGER M. LLOYD