

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90749 032 ***167.50

DOCUMENT # M98349

1. Entity Name
CELESTIAL AQUATIC WORLD TROUBLESHOOTERS, INC.



Principal Place of Business
6501 72ND AVENUE N
APT. D
PINELLAS PARK FL 33781-4062

Mailing Address
6501 72ND AVENUE N
APT. D
PINELLAS PARK FL 33781-4062



2. Principal Place of Business
3612 1/2 49th St. N.
Suite, Apt. #, etc.

3. Mailing Address
3612 1/2 49th St. N.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
St. Petersburg, FL
Zip
33710
Country
Pinellas

City & State
St. Petersburg, FL
Zip
33710
Country
Pinellas

4. FEI Number
59-2914777

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required (2)**

6. Name and Address of Current Registered Agent

WILSON, CAREY ALLEN
6501 72ND AVENUE N
APT. D
PINELLAS PARK FL 33781-4062

7. Name and Address of New Registered Agent

Name
DONNA L. CASCORE
Street Address (P.O. Box Number is Not Acceptable)
3612 1/2 49th St. N.
St. Petersburg **FL** Zip Code
33710

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 **X Carey Allen Wilson**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 12, 2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WILSON, CAREY ALLEN**
STREET ADDRESS **6501 72ND AVENUE N**
CITY-ST-ZIP **PINELLAS PARK FL 33781-4062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **CAREY ALLEN WILSON**
STREET ADDRESS **6550 WILSON AVE N.W. APT N.**
CITY-ST-ZIP **NORTH CANTON, OH 44720-7366**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Carey Allen Wilson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 2003
Date

1-330-494-1121
Daytime Phone #

CR2E034 (10/02)