

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000006765**

1. Entity Name

THE AQUARIAN QUEST, INC.

Principal Place of Business

Mailing Address

**2721 WILKINSON RD.
SARASOTA FL 34231****2721 WILKINSON RD.
SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1046843

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

**JACOBSON, JOE
2721 WILKINSON RD.
SARASOTA FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

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 \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DIMIRZA, RACHEL	
STREET ADDRESS	1789 LOMA LINDA	
CITY-ST-ZIP	SARASOTA FL 34239	

TITLE	Jay Whittham	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4411 Bee Ridge Rd. #383 (T)	
STREET ADDRESS	Sarasota, FL 34233	
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBSON, JOE	
STREET ADDRESS	2721 WILKINSON RD.	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBSON, ADRIANA	
STREET ADDRESS	2721 WILKINSON RD.	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	KILLIAN, BOB	
STREET ADDRESS	2352 WOOD ST.	
CITY-ST-ZIP	SARASOTA FL 34237	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	NETHERSOLE, WENDY	
STREET ADDRESS	4411 BEE RIDGE RD., #383	
CITY-ST-ZIP	SARASOTA FL 34233	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SEYFFERT, PETER	
STREET ADDRESS	2105 ROBINSON AVE.	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

SIGNATURE REQUIRED**4-30-01 (941) 586-3223****FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90120 043 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)