

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006765

FILED
Aug 08, 2002
Secretary of State

Entity Name: THE AQUARIAN QUEST, INC.

Current Principal Place of Business:

2721 WILKINSON RD.
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2721 WILKINSON RD.
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-1046843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, JOE
2721 WILKINSON RD.
SARASOTA, FL 34231

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIMIRZA, RACHEL
Address: 1789 LOMA LINDA
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: JACOBSON, JOE
Address: 2721 WILKINSON RD.
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: JACOBSON, ADRIANA
Address: 2721 WILKINSON RD.
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: KILLIAN, BOB
Address: 2352 WOOD ST.
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: NETHERSOLE, WENDY
Address: 4411 BEE RIDGE RD., #383
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: SEYFFERT, PETER
Address: 2105 ROBINSON AVE.
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KAY, BEN
Address: 1919 MAIN ST.
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE JACOBSON

D

08/08/2002

Electronic Signature of Signing Officer or Director

Date

SYLVIE GAROFALO
1741 MAIN ST.
SARASOTA, FLORIDA 34236

GREG LAWRENCE
BLDG. 4 APT. 205
1158 HANCOCK CREEK SO. BLVD.
SARASOTA, FLORIDA 33903