## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N00000006765

Entity Name: THE AQUARIAN QUEST, INC.

FILED Apr 30, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2721 WILKINSON RD. SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 2721 WILKINSON RD. SARASOTA, FL 34231 FEI Number: 65-1046843 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACOBSON, JOE 2721 WILKINSON RD. SARASOTA, FL 34231 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete DIMIRZA, RACHEL LAWRENCE, GREGORY Name: Name: 1789 LOMA LINDA Address: 636 NE 4TH TERRACE APT 104 Address: CAPE CORAL, FL 33909 City-St-Zip: SARASOTA, FL 34239 City-St-Zip: Title: ( ) Delete Title: () Change () Addition JACOBSON, JOE Name: Name: Address: 2721 WILKINSON RD. Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition JACOBSON, ADRIANA Name: KIRCHNER, JAN Name: 2721 WILKINSON RD. 2711 PURSELL CIRCLE Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34232 ( ) Delete Title: D Title: () Change () Addition Name: KILLIAN, BOB Name: 2352 WOOD ST. Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KAY, BEN ZORNIG, KRISTINA Name: Name: 1919 MAIN ST. 6222 BLACKBERRY LANE Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: BRADENTON, FL 34202 Title: () Delete Title: () Change () Addition SEYFFERT. PETER Name: Name: Address: 2105 ROBINSON AVE. Address: SARASOTA, FL 34232 City-St-Zip: 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 04/30/2003