941-484-0063

2007 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP NOKOMIS.FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NOKOMIS FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRE	2001 UNIFORM BUSINESS REPORT (UBR)						FILED					
ACUATIC EXERCISE ASSOCIATION, INC. Principal Place of Business Mailing Address 3439 TECHNOLOGY OR 3439 TECHNOLOGY OR 3459 TE	1. Entity Name						Jan 22, 2001 8:00 am					
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2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT Writte in This SPACE City 4. State City 4. State 4. FEI Number 65-0454105 Applicable Foundation Applicable Foundation	#6		#6					6061	1 5			
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LIKENS, CHRISTOPERH A 1800 2ND ST STE 808 SARASOTA FL 34236 City FL Zip Code City FL Zip Code City FL Zip Code 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 privited name of registered agent and title if applicable. NOTE Registered Agent signature required when retrisizing) DATE FILE NOW: FEE IS \$61.25 PLECTOR Comparing Financing Trust Fund Contribution. DP OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE NAME SEE, JULIE 3439 TECHNOLOGY BR #6 110 Palmeth C £ 199 HORKOMIS-FL Venuce FL 3438 S CITY-ST-2P HORKOMIS-FL Venuce FL 3438 S CITY-ST-2P NOKOMIS-FL NAME SITERI ADDRESS STOPET ADDRESS STOPE		6. Name and Address of Current	Registered Agent			7. Name and	Address of N	ew Registered	<u>-</u>			
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SARASOTA FL 34236 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, hybrid or printed rame of registered agent and 1969 if applicable. NOTE Registered Apent signature required when reintalizing OATE				Stree	et Address ((P.O. Box Number	er is Not Accer	otable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Signature, hypodic or printed name of registered agent and title if applicable. (PM)*E Registered Agent signature required when remission; CATE											┪	
8. The above named entity submits this statement for the purpose of changing its registered affice 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 algebraite required where reinstating) DATE	SAHASUI	A FL 34230		City					■ Zip Cod	ie	1	
SIGNATURE Signature, typed or printed name of registered agent and into a applicable. (NOTE Registered Agent signature required when reinstalling) Signature, typed or printed name of registered agent and into a applicable. (NOTE Registered Agent signature required when reinstalling) FILE NOW:	9. The above	a named entity submits this statement to	r the surpose of changing its re	aistand offic			h :- 4h		L		4	
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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 supplied that 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 of rustee engowers to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if	12. I hereby of indicated of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or frustee empor	this filing does not qualify for the true and accurate and that my were to execute this report as	e exemption s signature sha required by C	stated in Sec If have the s Chapter 617	ction 119.07(3)(i same legal effect , Florida Statutes), Florida Statu as if made un s; and that my	tes. I further ce der oath; that i name appears	ertify that the in am an officer in Block 10 or	nformation or director Block 11 if	1	
	of the cor changed,	on this report or supplemental report is poration or the receive or frustee empo- or on an attachment with an address.	true and accurate and that my wered to execute this report as ith all other like empowered.	signature sha required by C	If have the s Chapter 617	same legal effect . Florida Statutes	as if made un s; and that my	der oath; that i name appears	am an officer in Block 10 or	or director Block 11 if		