

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002050

1. Entity Name

AQUATIC REALM INTERNATIONAL RESEARCH AND PRESERV

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90129 025 ****70.00

Principal Place of Business

Mailing Address

2435 E. NORTH STREET, SUITE 318
 GREENVILLE SC 29615

2435 E. NORTH STREET, SUITE 318
 GREENVILLE SC 29615-1442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2309230

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLORIDA INCORPORATORS, INC.
 1221 BRICKELL AVE.
 SUITE 900
 MIAMI FL 33131

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	VASILENKO, CHRISTOPHER J	
STREET ADDRESS	P.O. BOX 12273	
CITY-ST-ZIP	GREENVILLE SC 29612	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VASILENKO, LISA M	<i>Delete</i>
STREET ADDRESS	202 BARRETT DRIVE	
CITY-ST-ZIP	MAULDIN SC 29662	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VASILENKO, VERA T	<i>Delete</i>
STREET ADDRESS	202 BARRETT DR	
CITY-ST-ZIP	MAULDIN SC 29662	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebecca B Vasilenko	
STREET ADDRESS	831 Harvey Rd	<i>New</i>
CITY-ST-ZIP	Greer SC 29651	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J David Tigner	
STREET ADDRESS	PO Box 473	<i>New</i>
CITY-ST-ZIP	Greer SC 29652	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Hankins	
STREET ADDRESS	1221 Brickell Ave Suite 900	<i>New</i>
CITY-ST-ZIP	Miami FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Christopher J Vasilenko*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

864-470-8219

Daytime Phone #

CF2E037 (9/99)