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FILED
Jun 25, 2001 8:00 am
Secretary of State

03-05-2001 90286 046 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010842

1. Entity Name
ALAQUA FINANCIAL SERVICES, INC.

(circled: 6)

Principal Place of Business	Mailing Address
15194 N.E. 248TH AVENUE ROAD FT. MCCOY FL 32134	15194 N.E. 248TH AVENUE ROAD FT. MCCOY FL 32134

15194 NE 248th Ave. Rd.

2. Principal Place of Business	3. Mailing Address
Fort McCoy, FL	15194 NE 248th Ave. Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort McCoy, FL	City & State: Fort McCoy, FL
Zip: 32134 Country: Marion	Zip: 32134 Country: Marion

4. FEI Number: N/A N/A ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BRYANT, CHRISTA MARIA~~
~~15194 N.E. 248TH AVENUE ROAD~~
FT. MCCOY FL 32134

7. Name and Address of New Registered Agent

Name: ~~Christa M. Bryant, President~~

Street Address (P.O. Box Number Is Not Acceptable): 15194 NE 248th Ave Rd

City: Fort McCoy, FL Zip Code: 32134

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: Christa M. Bryant, President 4/9/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Christa M. Bryant, President, 15194 N.E. 248th Ave Road, Ft. McCoy, FL 32134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christa M. Bryant 2/28/01 352-685-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #