## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000010842 **DOCUMENT #**

1. Entity Name

ALAQUA FINANCIAL SERVICES, INC.



## **FILED** Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90221 038 \*\*\*150.00

Principal Place of Business 15194 N.E. 248TH AVENUE ROAD FT. MCCOY FL 32134			Mailing Address T 15194 N.E. 248TH AVENUE ROAD FT. MCCOY FL 32134			"								
2. Principal I	Place of Busin	ess	3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
City & State			City	& State	<del>-</del>		4. FEI Number NOT APPLICABLE Applied For Not Applicable							
Zip				Zíp Cour			5. Certificate of Status Desired S8.75 Addition Fee Required							
	6. Name	and Address of Current F	l legistere		7. Name and Address of New Registered Agent									
BRYANT, CHRISTA MARIA Street Address (P.									P.O. Box Number is Not Acceptable)					
15194 N.E. 248TH AVENUE ROAD FT. MCCOY FL 32134					ŀ									
						City		ζ 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. I am familiar with, and accept the obligations of registered agent.  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 \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						<u>.</u>	· _	_	9. Election Campaign Fin Trust Fund Contribution	n. [	Added	<b>0</b> May Be I to Fees		
10.	T=	OFFICERS AND D	DIRECTOR	RS	11.			ADD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HRISTA M 248TH AVENUE ROAD COY FL 32134		☐ Delete							Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· ·	☐ Delete							Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				<u></u>	· · · · · · · · · · · · · · · · · · ·	<u>*</u>	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS					☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS					Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET CITY-S	T ADDRESS .					Change	☐ Addition		
12. Thereby o	certify that the	information supplied with t	his filina c	loes not qualify for t	he exem	nption stated	in Sec	tion 11	19.07(3)(i), Florida Statutes, I	further cert	ify that the in	formation		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: