

2002 UNIFORM BUSINESS REPORT (UBR)

File with

0304916 AV

DOCUMENT # **P00000022777**

1. Entity Name
AQUA GRAPHICS, INC.

FILED

02 MAR -4 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2400 E LAS OLAS BLVD
SUITE 156
FT LAUDERDALE FL 33301**

Mailing Address
**2400 E LAS OLAS BLVD
SUITE 156
FT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

**LEDGER, DORLEAN
2400 E LAS OLAS BLVD
SUITE 156
FT LAUDERDALE FL 33301**

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

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, 2002 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 **D** ☐ Delete
NAME **LEDGER, DORLEAN**
STREET ADDRESS **2400 E LAS OLAS BLVD SUITE 156**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Dorlean Ledger* **DORLEAN LEDGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-564-7736

CR2E034 (9/01)

Page 2 of 2

February 22, 2002

Tyrone Scott
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Scott,

In regards to my corporation Aqua Graphics, Inc Document # P00000022777 please note. Last year in completing the UBR I had over paid and it was charged on my credit card. In speaking with someone at your department I was told I can use it as a credit for this year. The overpayment is for \$ 150.00 and I would like it to be applied to this years filing.

Please call me at 954-564-7736 to inform me as to what needs to be done or if you are able to transfer the overpayment for this years report. I Thank you in advance for all your help.

Very truly yours,


Dorlean Ledger