

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000027354**1. Entity Name
ACQUA & CIA, INC.**Principal Place of Business**

415 HYACINTH DRIVE #203

PENSACOLA
32506

FL

Mailing Address

415 HYACINTH DRIVE #203

PENSACOLA
32506

FL

2. Principal Place of Business

5700 W. FAIRFIELD DR.

3. Mailing Address

5700 W. FAIRFIELD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA

FL

City & State

PENSACOLA

FL

Zip

32506

Country**Zip**

32506

Country**4. FEI Number****59-3616433****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SHIMEK PAUL JR.
8113 TREETOP LANE

PENSACOLA

32514

FL

US

7. Name and Address of New Registered Agent**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)

04/30/2001

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**

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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE MELLO REJANE NMRS.
STREET ADDRESS	5700 W. FAIRFIELD DR.
CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUTINHO EUDER AMR.
STREET ADDRESS	5700 W. FAIRFIELD DR.
CITY-ST-ZIP	PENSACOLA FL 32506
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Euder A Coutinho

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

REJANE N. DE MELLO -TREASURE
5700 W. FAIRFIELD DR.

PENSACOLA, FL 32506