

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90012 040 ***150.00

DOCUMENT # P00000027354

1. Entity Name
ACQUA & CIA, INC.

Principal Place of Business
5700 W. FAIRFIELD DR.
PENSACOLA FL 32506

Mailing Address
5700 W. FAIRFIELD DR.
PENSACOLA FL 32506

2. Principal Place of Business
SAME AS ABOVE
 Suite, Apt. #, etc.

3. Mailing Address
SAME AS ABOVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
59-3616433

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

SHIMEK, PAUL JR.
8113 TREETOP LANE
PENSACOLA FL 32514

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **P**
 STREET ADDRESS **COUTINHO, EUDER A MR.**
 CITY-ST-ZIP **5700 W. FAIRFIELD DR.**
PENSACOLA FL 32506

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **DE MELLO, REJANE N MRS.**
 CITY-ST-ZIP **5700 W. FAIRFIELD DR.**
PENSACOLA FL 32506

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/09/02 850-232-8582
 Date Daytime Phone #

CR2E034 (4/02)

ACQUA & CIA..

Attachment

871460

P00000027357

P.O. Box 36418-Pensacola FL 32516-6418

August 09, 2002

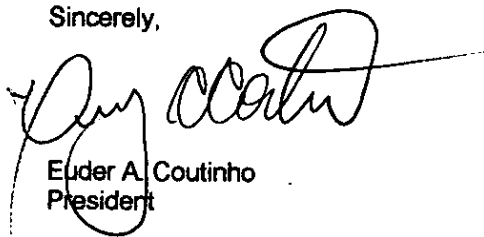
Department of State
Division of Corporations

Dear Sir or Madam:

This is an explanation letter for the late filing of our Corporation

We received only the second request, please we ask your consideration on this matter,

Sincerely,


Euder A. Coutinho
President

ACQUA & CIA.