

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90112 036 ***158.75

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DOCUMENT # P00000048123

1. Entity Name
AQUASCAPE IMPORTS, INC.

Principal Place of Business
466 WEST STATE RD.434.UNIT 100
LONGWOOD FL 32750

Mailing Address
466 WEST STATE RD.434.UNIT 100
LONGWOOD FL 32750

740300

2. Principal Place of Business
656 KENWICK CR

3. Mailing Address
656 KENWICK CR

Suite, Apt. #, etc.
#202

Suite, Apt. #, etc.
#202

City & State
CASSELBERRY FL

City & State
CASSELBERRY FL

Zip
32707

Country
USA

Zip
32707

Country
USA

4. FEI Number
59-3646340

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VANDEMARK, JOHN
466 WEST STATE RD.434.UNIT 100
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name **JOHN VANDEMARK**

Street Address (P.O. Box Number is Not Acceptable)

656 KENWICK CR #202

City **CASSELBERRY**

FL

Zip Code **32707**

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 *John Vandemark*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/01/2001
 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 **D** ☐ Delete
 NAME **VANDEMARK, JOHN**
 STREET ADDRESS **466 WEST STATE RD.434.UNIT 100**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **656 KENWICK CR #202**
 CITY-ST-ZIP **CASSELBERRY, FL 32707**

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

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

TITLE ☐ Change ☐ Addition
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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: *John Vandemark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. VANDEMARK

02/01/2001

Date

Daytime Phone #

407-353-2641

CR2E034 (10/00)