

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90360 042 ***150.00

DOCUMENT # P00000054952

1. Entity Name

AQUA RUSH, INC.

Principal Place of Business

**1515 NORTH FEDERAL HIGHWAY
 SUITE 306
 BOCA RATON FL 33432**

Mailing Address

**1515 NORTH FEDERAL HIGHWAY
 SUITE 306
 BOCA RATON FL 33432**

2. Principal Place of Business

1820 SW 7 AVE

3. Mailing Address

1820 SW 7 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

65-1024634

Applied For

Not Applicable

Zip

33060

Country

USA.

Zip

33060

Country

USA.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KAMRADT, RUSSELL T ESQ.
 PHILLIPS POINT EAST TOWER
 777 SOUTH FLAGLER DRIVE SUITE 900
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **RICHARD L LAPOINTE.**

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

1820 SW 7 AVE

City

Pompano Beach

FL

Zip Code

33060

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/02

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

TITLE **DP** ☐ Delete
 NAME **MARCHESO, JOHN**
 STREET ADDRESS **1620 NW BOULEVARD**
 CITY-ST-ZIP **COEUR D ALENE ID 83814**

TITLE **DS** ☐ Delete
 NAME **LAPOINTE, RICHARD**
 STREET ADDRESS **1820 SW 7TH AVENUE**
 CITY-ST-ZIP **POMPANO FL 33060**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Daytime Phone #

CR2E034 (9/01)