

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90178 036 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000054952		
1. Entity Name AQUA RUSH, INC.		
Principal Place of Business 820 SW 7 AVE POMPAÑO BEACH, FL 33060		Mailing Address 820 SW 7 AVE POMPAÑO BEACH, FL 33060
2. Principal Place of Business 1181 S. ROGERS CIRCLE Suite, Apt. #, etc. SUITE 22		3. Mailing Address 1181 S. ROGERS CIRCLE Suite, Apt. #, etc. SUITE 22
City & State BOCA RATON, FL		City & State BOCA RATON, FL
Zip 33487	Country USA	Zip 33487
Country USA		
4. FEI Number 65-1024634		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LA POINTE, RICHARD 1820 SW 7 AVE POMPAÑO BEACH, FL 33060		7. Name and Address of New Registered Agent Name RICHARD LA POINTE Street Address (P.O. Box Number is Not Acceptable) 1181 S. ROGERS CIRCLE STE 22 BOCA RATON, City FL Zip Code 33487
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with other like empowered.		
SIGNATURE:  4/10/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

90088715



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)