

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90067 006 ***158.75

DOCUMENT # P00000064697

1. Entity Name

AQUA SHORES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4820 SHERRY LANE

3. Mailing Address

P.O. Box 08177

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

4. FEI Number

65-1015750

Applied For

Not Applicable

Zip

Country

33908

Zip

Country

33908

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FLAHERTY, LESLIE

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

4820 SHERRY LANE

City

FT. MYERS

FL

Zip Code

33908

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME FLAHERTY, LESLIE
STREET ADDRESS 4820 SHERRY LN.
CITY-ST-ZIP FT. MYERS, FL. 33908

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Leslie Flaherty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24-29-02

Date

239-466-5991

Daytime Phone #

CR2E034B (12/01)