

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-03-2002 90064 022 ***150.00

DOCUMENT # P00000093364

1. Entity Name
AQUA PUMPS INTERNATIONAL, INC.

Principal Place of Business
2535 INAGUA AVE.
COCONUT GROVE FL 33133

Mailing Address
2535 INAGUA AVE.
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

A. FEI Number
65-1125297

APPLIED FOR

Applied For
 Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, RON
2535 INAGUA AVE.
COCONUT GROVE FL 33133

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.

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
 NAME
NELSON, RON
 STREET ADDRESS
2535 INAGUA AVE.
 CITY-ST-ZIP
COCONUT GROVE FL 33133

☐ Delete

TITLE
VD
 NAME
SNYDER, WILLIAM
 STREET ADDRESS
425 MAYA PALM DR.
 CITY-ST-ZIP
BOCA RATON FL 33432

☐ Delete

TITLE
TD
 NAME
WEBB, DENNIS
 STREET ADDRESS
556 INDIAN LILAC RD.
 CITY-ST-ZIP
VERO BEACH FL 32963

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 RON NELSON

2/13/02 305-364-009 X-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)