

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90031 015 ***150.00

DOCUMENT # P00000098751

1. Entity Name
STADT AQUATIC ADVENTURES, INC.

Principal Place of Business

**54 GARDEN MALL
 INGLIS FL 34449**

Mailing Address

**54 GARDEN MALL
 INGLIS FL 34449**

2. Principal Place of Business

1115 N. Country Club Dr
 Suite, Apt. #, etc.

3. Mailing Address

1115 N. Country Club Dr
 Suite, Apt. #, etc.

City & State

Crystal River FL

City & State

Crystal River FL

4. FEI Number

06-1597684

Applied For

Not Applicable

Zip

Country

34429

USA

Zip

Country

34429

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MITTELSTADT, SANDRA J
 54 GARDEN MALL
 INGLIS FL 34449**

7. Name and Address of New Registered Agent

Name
Mittelstadt, Sandra J
 Street Address (P.O. Box Number is Not Acceptable)
1115 N. Country Club Dr
 City
Crystal River **FL** Zip Code
34429

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

TITLE **P** ☐ Delete
 NAME **MITTELSTADT, SANDRA J**
 STREET ADDRESS **54 GARDEN MALL**
 CITY-ST-ZIP **INGLIS FL 34449**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **P** ☐ Change ☐ Addition
 NAME **Mittelstadt, Sandra J**
 STREET ADDRESS **1115 N. Country Club Dr**
 CITY-ST-ZIP **Crystal River FL 34429**

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

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 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

Sandra J Mittelstadt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

Daytime Phone #

CR2E034 (9/01)