

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90082 028 ***150.00

DOCUMENT # P01000041814

1. Entity Name

AQUA JET CORPORATION

Principal Place of Business

**1491 GREENWOOD AVE. S.
 CLEARWATER FL 33756**

Mailing Address

**1491 GREENWOOD AVE. S.
 CLEARWATER FL 33756**

2. Principal Place of Business

1491 GREENWOOD AVE. S.

3. Mailing Address

P.O. Box 488

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CLEARWATER

CLEARWATER

City & State

City & State

FL

FL

4. FEI Number

59-371-4180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

33756

PINEHILLS

33757

PINEHILLS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRUBELIC, IVO

**1491 GREENWOOD AVE. S.
 CLEARWATER FL 33756**

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. The 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 **PRES** **GRUBELIC EDNA** ☐ Delete
 NAME
 STREET ADDRESS **1491 GREENWOOD AVE.**
 CITY-ST-ZIP **CLEARWATER, FL 33756**

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

TITLE **V.PRES** **IVO GRUBELIC** ☐ Delete
 NAME
 STREET ADDRESS **1491 GREENWOOD AVE**
 CITY-ST-ZIP **CLEARWATER, FL 33756**

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

TITLE ☐ Delete
 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:

SCOTT W. WILSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2002
 Date

Daytime Phone #

CR2E034 (9/01)