FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 07, 2002 8:00 am § P01000046527 DOCUMENT # Secretary of State 1. Entity Name 03-07-2002 90004 039 ***150.00 AQUATIC INNOVATIONS & CREATIONS, INC. Principal Place of Business Mailing Address 2646 WILLOW BAY TERRACE 2846 WILLOW BAY TERRACE CASSELBERRY FL 32707 CASSELBERRY FL 32707 Principal Place of Busines 3. Mailing Address Dinola Danu Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTHERMEL, JANICE Street Address (P.O. Box Number is Not Acceptable) 2846 WILLOW BAY TERRACE CASSELBERRY FL 32707 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. SR2E034 (9/01)⊗ Addition TITLE TITLE ☐ Delete NAME ROTHERMEL, JANICE NAME Willow Bay Terran STREET ADDRESS 2846 WILLOW BAY TERRACE STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP 32707 ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS :: CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with the ng 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 of the corporation or the redeiver or trustee empty by signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if adcurate and the changed, or on an attachn