

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90214 029 \*\*\*150.00

**DOCUMENT # P01000062444**

1. Entity Name  
**REEFER'S AQUATICS, INC.**



Principal Place of Business  
**431 E. GOVERNMENT STREET  
PENSACOLA FL 32501**

Mailing Address  
**431 E. GOVERNMENT STREET  
PENSACOLA FL 32501**

2. Principal Place of Business  
**301 South Adams St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**301. South Adams St.**  
Suite, Apt. #, etc.

City & State  
**Pensacola, FL.**

City & State  
**Pensacola, Fl.**

4. FEI Number  
**59-3736955**

Applied For  
Not Applicable

Zip Country  
**32501 Escambia**

Zip Country  
**32501 Escambia**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FOWLER, LOUIS B JR.  
431 E. GOVERNMENT STREET  
PENSACOLA FL 32501**

**7. Name and Address of New Registered Agent**

Name **John Eric Maddox III**  
Street Address (P.O. Box Number is Not Acceptable)  
**301 South Adams Street.**  
City **Pensacola** FL Zip Code **32501**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Eric Maddox III* **John Eric Maddox III President**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*Jan 16, 2003*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☒ Delete  
NAME **FOWLER, LOUIS B JR.**  
STREET ADDRESS **431 E. GOVERNMENT STREET**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☒ Delete  
NAME **MCMASTER, MICHAEL D**  
STREET ADDRESS **1003 E. GONZALEZ STREET #A**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete  
NAME **MADDOX, JOHN E III**  
STREET ADDRESS **348 MIZZEN LANE**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Eric Maddox III* **John Eric Maddox III President** **Jan 16, 03** **850 485-1373**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)