


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90837 036 \*\*\*150.00

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<b>DOCUMENT #</b> P01000067228	
<b>1. Entity Name</b> AQUA WHOLESALE, INC.	

<b>Principal Place of Business</b> 6265 E SAWGRASS RD SARASOTA FL 34240	<b>Mailing Address</b> 6265 E SAWGRASS RD SARASOTA FL 34240
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

<b>4. FEI Number</b> 65-1120280	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

☒ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>  UREN, MAE 5128 SUNNYDALE CIRCLE WEST SARASOTA FL 34237
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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<b>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.</b>  SIGNATURE <i>Mae Uren</i> DATE <i>1-3-03</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> UREN, MAE
<b>STREET ADDRESS</b> 5128 SUNNYDALE CIRCLE WEST	<b>CITY-ST-ZIP</b> SARASOTA FL 34237
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> EATON, LARRY JR.
<b>STREET ADDRESS</b> 5128 SUNNYDALE CIRCLE WEST	<b>CITY-ST-ZIP</b> SARASOTA FL 34237x 34240
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> EATON, SANDRA K.
<b>STREET ADDRESS</b> 3757 KOSTEN PLACE	<b>CITY-ST-ZIP</b> SARASOTA FL 34240
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> President
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> V.P.
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Treasurer
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>

**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.**

<b>SIGNATURE:</b> <i>Sandy Eaton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1-3-03 941-341-0847</b> <small>Date Daytime Phone</small>
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CR2E034 (10/02)