## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State P01000075961 DOCUMENT # 1. Entity Name 05-08-2002 90110 006 \*\*\*150.00 BLUE PLANET AQUATICS, INC. Principal Place of Business Mailing Address P.O. BOX 1846 P.O. BOX 1846 HOBE SOUND FL 33455 HOBE SOUND FL 33455 2. Principal Place of Business Mailing Address \_ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GANGEMI, PAUL Street Address (P.O. Box Number is Not Acceptable) **453 SE MONTEREY RD** STUART FL 34997 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. 'Election' Campaign Financing Tax filing requirement and elects to do so. = \$5:00 May Be 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME GANGEMI, PAUL NAME STREET ADDRESS **453 SE MONTEREY RD** STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP TITLE ☐ Delete D TITLE ☐ Change ☐ Addition NAME ANDES, WILLIAM E NAME STREET ADDRESS 7376 SE CRAIG ST STREET ADDRESS CITY-ST-ZIP **HOBE SOUND FL 33455** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/20/02 772

☐ Delete

TITLE

STREET ADDRESS

CITY-ST-ZIP

1 Sec. 1

☐ Addition

☐ Change