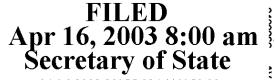
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P01000075961 **DOCUMENT#**



BLUE PLANET AQUATICS, INC.								
Principal Place of Business P.O. BOX 1846 HOBE SOUND FL 33455		Mailing Address P.O. BOX 1846 HOBE SOUND FL 33455		<u> </u>				
2. Principal l	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State			4. FEI Number 65-1136250 Applied Fo Not Applied			
Zip	Country	Zip	C	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
	6. Name and Address of Curre	I nt Registered Ager	. <u></u> nt		7. Name and Address of New Registered Agent	$\dashv$		
•	من وه درسیدی در درسید	المدائ الما الماسا المواجع ا		· Name =	west and the second sec			
GANGEMI, PAUL 453 SE MONTEREY RD				Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
STUART I	, 2				A - 47 - 47 - 47			
3				City	FL Zip Code			
	e named entity submits this statement tions of registered agent.	for the purpose of c	changing its regi	istered office or req	egistered agent, or both, in the State of Florida. I am familiar with, and acce	ept		
SIGNATURE	Signature, typed or printed name of registered age	ant and title if annifeable	(NOTE: Rec	nistared Agent signature r	required when reinstating) DATE			
F Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	0			9. Election Campaign Financing \$5.00 May E Trust Fund Contribution.  Added to Fees			
10.	OFFICERS AN	ID DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS	D GANGEMI, PAUL 453 SE MONTEREY RD		Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Add	dition		
TITLE NAME STREET ADDRESS	D ANDES, WILLIAM E 7376 SE CRAIG ST		Delete	TITLE  NAME  STREET ADDRESS	☐ Change ☐ Add	lition		
CITY-ST-ZIP	HOBE SOUND FL 33455		Delete	CITY-ST-ZIP	☐ Change ☐ Addi	lition		
NAME STREET ADDRESS CITY-ST-ZIP		المانيسوسيون مددا	.Delete,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	www.r.a washingtones			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	ition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addi	lition		

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

Change