

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91514 017 ***150.00

DOCUMENT # **PO1000078431**
1. Entity Name
Absolute Aqua, Inc.

643281

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12798 SPINNAKER LANE
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 61
Suite, Apt. #, etc.

City & State
Wellington, FL
Zip **33414** Country **USA**

City & State
Loxahatchee, FL
Zip **33470** Country **USA**

4. FEI Number
65-1145373
Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **Danchak, Christopher J**
Street Address (P.O. Box Number is Not Acceptable)
275 SAND PIPER AVE
City **ROYAL PALM BCH FL** Zip Code **33411**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME **PD HICKEY, JAMES J**
STREET ADDRESS **12798 Spinnaker Lane**
CITY-ST-ZIP **Wellington FL 33414**

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **VD Watson Matthew R**
STREET ADDRESS **17686 79th Ct N.**
CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Matthew R Watson** **4/19/02** **561-248-8678**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034B (12/01)