

**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.

DO NOT WRITE IN THIS SPACE

643281

2. Principal Place of Business

12798 SPINNAKER

3. Mailing Address

LANE PO BOX 61

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wellington, FL

City & State

Loxahatchee, FL

4. FEI Number

65-1145373

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33470

Country

USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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IN THIS SPACE**

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

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)