

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90540 002 ***150.00

DOCUMENT # P01000081238

1. Entity Name
DEEP BLUE SEA AQUARIUMS, INC.

Principal Place of Business
 1626 ASHMORE GREEN DR.
 JACKSONVILLE FL 32246

Mailing Address
 1626 ASHMORE GREEN DR.
 JACKSONVILLE FL 32246

2. Principal Place of Business
 1626 ASHMORE GREEN DR.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 JACKSONVILLE FL

City & State

4. FEI Number
 52-2347551

Applied For
 Not Applicable

Zip
 32246

Country
 DUCAL

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EAKIN, PAUL M
 559 ATLANTIC BLVD., STE. 4
 ATLANTIC BEACH FL 32233

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DPS
 RIGTER, JOHN JR
 1626 ASHMORE GREEN DR.
 JACKSONVILLE FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 [Signature]
 [Signature]
 [Signature]

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-02

Date

904-220-3141

Daytime Phone #

CR2E034 (9/01)