

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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  
**12599 Shallow Brook CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**12599 Shallow Brook CT**  
Suite, Apt. #, etc.

City & State  
**JACKSONVILLE FL**

City & State  
**JACKSONVILLE FL**

Zip  
**32225**

Zip  
**32225**

Country  
**US**

Country  
**US**

**6. Name and Address of Current 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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**DPS**  
NAME  
**RIGHTER, JOHN JR**  
STREET ADDRESS  
**1626 ASHMORE GREEN DR. 12599 Shallow Brook CT**  
CITY-ST-ZIP  
**JACKSONVILLE FL 32246 JAX FL 32225**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

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.

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LS29600

AV

**FILED  
May 01, 2003 8:00 am  
Secretary of State**

05-01-2003 90320 050 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)