

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90139 014 \*\*\*150.00

**DOCUMENT # P01000083807**

1. Entity Name

**AQUAMAN SPRINKLERS, INC.**

Principal Place of Business

3050 SW 17TH STREET  
 FORT LAUDERDALE FL 33312

Mailing Address

3050 SW 17TH STREET  
 FORT LAUDERDALE FL 33312

*New Address*

2. Principal Place of Business

**9143 5TH ST**

Suite, Apt. #, etc.

**APT. # C**

3. Mailing Address

**9143 5TH ST.**

Suite, Apt. #, etc.

**APT. # C**

City & State

**BOCA RATON FL**

City & State

**BOCA RATON FL**

Zip

**33428**

Country

**Palm Beach**

Zip

**33428**

Country

**Palm Beach**

4. FEI Number

**65-1132366**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**TOVAR, RIGOBERTO**

**3050 SW 17TH STREET**

**FORT LAUDERDALE FL 33312**

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

**\$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

**D**

**TOVAR, RIGOBERTO**  
**3050 SW 17TH STREET**  
**FORT LAUDERDALE FL 33312**

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**REYES, EDUARDO**  
**434 SW 22ND AVENUE**  
**FORT LAUDERDALE FL 33312**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Change

☐ Addition

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-1-02**

**561) 218-9049**

**3/19/02**

CR2E034 (9/01)