

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90156 015 ***150.00

DOCUMENT # P01000083807

1. Entity Name
AQUAMAN SPRINKLERS, INC.



Principal Place of Business
~~9143 5TH STREET~~
~~APT #C~~
~~BOCA RATON FL 33428~~
~~US~~

New Address

Mailing Address
434 SW 22 AVENUE
FT LAUDERDALE FL 33312



2. Principal Place of Business
434 SW 22 AVE.

3. Mailing Address
434 SW 22 AVE.

Suite, Apt. #, etc.
House

Suite, Apt. #, etc.
House.

☒ CHECK HERE IF MAKING CHANGES

City & State
Ft Lauderdale Fla.

City & State
Ft Lauderdale FLA.

4. FEI Number **65-1132366**

Applied For
Not Applicable

Zip **33312.** Country **United state.**

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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

~~NOEL, SONLESS~~
~~1710 NE 2 TERRACE~~
~~POMPANO BEACH FL 33060~~

Delete

Name **Reyes. Eduardo**

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

434 SW 22 AVE

City **Ft Lauderdale.** **FL** Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-03.

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **REYES, EDUARDO**
STREET ADDRESS **434 SW 22ND AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-03 (954-818-2596)

CR2E034 (10/02)