

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087081

1. Entity Name

AQUA SOURCE OF THE KEYS, INC.

Principal Place of Business

58951 OVERSEAS HIGHWAY
MARATHON FL 33050

Mailing Address

P.O. BOX 522643
MARATHON SHORES FL 33052FILED
Jun 18, 2002 8:00 am
Secretary of State

05-09-2002 90036 036 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33050Country
USA

Zip

Country

4. FEI Number

65-1136236

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

BOLANOS RUIZ, CHARO
11400 OVERSEAS HIGHWAY
SUITE 105
MARATHON FL 33050

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.

CHARO BOLANOS

(NOTE: Registered Agent signature required when reinstating)

DATE

6-5-2002

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 State10. 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	TOM Blythe	
STREET ADDRESS	#43 72nd Olean	
CITY-ST-ZIP	MARATHON FLA 33050	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	TOM Blythe	
STREET ADDRESS	#43 72nd Olean	
CITY-ST-ZIP	MARATHON FLA 33050	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	ERIC PEDERSEN	
STREET ADDRESS	55457 OLS Hwy MARATHON FL	
CITY-ST-ZIP	33050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

ERIC PEDERSEN

Date

Daytime Phone #

4-30-02 30-169-091

CR2E034 (9/01)