2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am Secretary of State DOCUMENT # P01000103657 1. Entity Name 05-07-2002 90257 034 ***150.00 AQUA BLUE GRILL, INC. Principal Place of Business Mailing Address 367-371 COREY AVE. 367-371 COREY AVE. ST. PETERSBURG FL 33706 ST. PETERSBURG FL 33706 2. Principal Place of Business Mailing Address 367-37/ ow Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State F. Pete 4. FEI Numbe Applied For 651148988 Not Applicable \$8.75 Additional --5._Certificate of Status Desired ----Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIECZORKOWSKI, ANDREW O. Box Number 3000 GULF TO BAY BLVD. **CLEARWATER FL 33756** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE PTD ☐ Delete ☐ Change ☐ Addition NAME JURKIEWICZ, RYSZARD NAME STREET ADDRESS STREET ADDRESS 367-371 COREY AVE. GITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33706 TITLE ☐ Delete ☐ Addition **VSD** ☐ Change NAME NAME LACOSSE, BOZENA STREET ADDRESS STREET ADDRESS 367-371 COREY AVE. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33706 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

FILED

SIGNATURE: SIGNATURE: SIGNATURE AND TYPETOR PRINTED NAME OF SIGNING OFFICER OR DIFFETOR