

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91047 022 ***150.00

0481961 AV

DOCUMENT # **P02000015514**

1. Entity Name
AQUA ESCAPE WATERSPORTS INC.



Principal Place of Business
~~6900 SUNSHINE SKYWAY LANE~~
~~ST. PETERSBURG FL 33711~~

Mailing Address
~~6900 SUNSHINE SKYWAY LANE~~
~~ST. PETERSBURG FL 33741~~



2. Principal Place of Business
5326 21ST AVE N
Suite, Apt. #, etc.

3. Mailing Address
5326 21ST AVE N
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ST PETERSBURG, FL
Zip **33710** Country **US**

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ST PETERSBURG, FL
Zip **33710** Country **US**

4. FEI Number
42-1557802
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~SPRINGMAN, STEVE~~
~~6900 SUNSHINE SKYWAY LANE~~
~~ST. PETERSBURG FL 33711~~

7. Name and Address of New Registered Agent

Name **TONYA MOORE**
Street Address (P.O. Box Number is Not Acceptable)
5326 21ST AVE N
City **ST PETERSBURG** FL Zip Code **33710**

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 **X Tonya Moore**
Signature, typed or printed name of registered agent and title if applicable.

DATE **3-10-03**
(NOTE: Registered Agent signature required when reinstating)

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 | D <input type="checkbox"/> Delete |
| NAME | EMORY, JOE A |
| STREET ADDRESS | 6900 SUNSHINE SKYWAY LANE |
| CITY-ST-ZIP | ST. PETERSBURG FL 33711 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MOORE, TONYA G |
| STREET ADDRESS | 6900 SUNSHINE SKYWAY LANE |
| CITY-ST-ZIP | ST. PETERSBURG FL 33711 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 5326 21ST AVE N |
| CITY-ST-ZIP | ST PETERSBURG, FL 33710 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 5326-21ST AVE N |
| CITY-ST-ZIP | ST PETERSBURG FL 33710 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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: **X Tonya Moore**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-10-03**

Daytime Phone #

CR2E034 (10/02)