FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90233 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000030995**

1. Entity Name
AQUATIC DESIGN & CONSULTING, INC.

Principal Place of Business	Mailing Address
11115 BULLRUSH TERRACE LAKEWOOD RANCH, FL 34202	11115 BULLRUSH TERRACE LAKEWOOD RANCH, FL 34202

11016615

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address	4. FEI Number
4710 ACORN CIRCLE	4710 ACORN CIRCLE	02-0570568
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ Applied For ☐ Not Applicable
City & State: SARASOTA, FL	City & State: SARASOTA FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip: 34233 Country:	Zip: 34233 Country:	

6. Name and Address of Current Registered Agent

DOTSON, BRIAN D
11115 BULLRUSH TERRACE
LAKEWOOD RANCH, FL 34202

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number Is Not Acceptable): 4710 ACORN CIRCLE
City: SARASOTA FL Zip Code: 34233

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: P, T, S NAME: BRIAN D. DOTSON STREET ADDRESS: 4710 ACORN CIRCLE CITY-ST-ZIP: SARASOTA, FL 34233	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/23/03 (941) 724-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)