

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90159 044 ***150.00

DOCUMENT # P02000037791

1. Entity Name

Agua Dynamics, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15199 Oak chase ct.

Suite, Apt. #, etc.

3. Mailing Address

15199 Oak chase ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wellington, FL

City & State

Wellington, FL

4. FEI Number

320013557

Applied For

Not Applicable

Zip

33414

Country

U.S.

Zip

33414

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dan + ANDREA LANSDOWN

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

15199 Oak chase ct.

City

Wellington

FL

Zip Code

33414

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)

3-17-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE Owner - President
NAME Daniel P. LANSDOWN
STREET ADDRESS 15199 oak chase ct.
CITY-ST-ZIP Wellington, FL 33414

TITLE Co-owner - Vice President
NAME ANDREA J. LANSDOWN
STREET ADDRESS 15199 oak chase ct.
CITY-ST-ZIP Wellington, FL 33414

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

790 0148

Daytime Phone #

CR2E034B (12/02)