

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90161 029 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047419

1. Entity Name

ACUARIO POOL CLEANING SERVICES, CORP. ✓

80041171

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4712-25TH AVENUE S.W.

3. Mailing Address
4712-25TH AVENUE S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number

753052048

Applied For

Not Applicable

Zip
34116

Country
USA

Zip
34116

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Registered Agent

Name
A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City
MIAMI

FL

Zip Code
33131

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

Paul Smith PAUL SMITH, Vice - President

02-21-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	ENCINOSA, OSVELIS	4712-25TH AVENUE S.W.	NAPLES FL 34116
VP	ENCINOSA, ELISEO L	4712-25TH AVENUE S.W.	NAPLES FL 34116
SD	ENCINOSA, OSVALDO	4712-25TH AVENUE S.W.	NAPLES FL 34116

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSVELIS ENCINOSA, PD

Date

Daytime Phone #

1/29/03 (239) 455-7748

CR2E034B (12/01)