

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90065 032 ***150.00

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DOCUMENT # P02000078187

1. Entity Name
AQUACLEAR PLUS INC.



Principal Place of Business
P.O. BOX 15122
JACKSONVILLE FL 32239

Mailing Address
P.O. BOX 15122
JACKSONVILLE FL 32239



2. Principal Place of Business

2905 Flutedwood Lane

Mailing Address

P.O. Box 15122

Suite, Apt. #, etc.

Jacksonville - FL

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip
32277

Country
Duval

Zip
32239

Country
Duval

4. FEI Number

421543067

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRODIE-CALHOUN, BRINDA
7034 CAMELOT RD
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BRODIE-CALHOUN, BRINDA
P.O. BOX 15122
JACKSONVILLE FL 32239

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CALHOUN, FLOYD E
P.O. BOX 15122
JACKSONVILLE FL 32239

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

BRINDA CALHOUN 4-27-03 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

CR2E034 (10/02)