

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90698 010 ***150.00

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DOCUMENT # P02000135468

1. Entity Name
AQUA TOY STORE, INC.



Principal Place of Business
**830 S FEDERAL HIGHWAY
POMPANO BEACH FL 33062**

Mailing Address
**830 S FEDERAL HIGHWAY
POMPANO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address
1401 NE 10 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pompano Bch FL

4. FEI Number

65-1154764

Applied For

Not Applicable

Zip

Country

Zip
33060

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ANTHONY, ERIC M
1401 NE 10TH STREET
POMPANO BEACH FL 33060**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Ray G Anthony
1401 NE 10 St
Pompano Bch FL 33060**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE Change 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 information.

SIGNATURE: **X** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03 **954 9436000**
Date Daytime Phone #

CR2E034 (10/02)