

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36804

1. Entity Name

AQUATHERM INDUSTRIES, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90237 043 ***150.00

Principal Place of Business

Mailing Address

1940 RUTGERS UNIVERSITY BOULEVARD
LAKEWOOD NJ 08701
US

1940 RUTGERS UNIVERSITY BOULEVARD
LAKEWOOD NJ 08701-4537
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3022839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORRAN, JODY A.
12840 MEADOWBREEZE DRIVE
WELLINGTON FL 33414

Name

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

City

6019 VIA VENETIA SOUTH

DELRAY BEACH

FL

Zip Code

33484

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

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS SIZELOVE, DAVID
CITY-ST-ZIP 1940 RUTGERS UNIVERSITY BLVD
LAKEWOOD NJ

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME STD
STREET ADDRESS MAYBERG, NORMAN
CITY-ST-ZIP P.O. BOX 722 N/A
HIGHTSTOWN NJ 08520

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CD
STREET ADDRESS GORRAN, JODY A.
CITY-ST-ZIP 12840 MEADOWBREEZE DRIVE
WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6019 VIA VENETIA SOUTH
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ Delete
NAME D
STREET ADDRESS GORRAN, ALICIA
CITY-ST-ZIP 12840 MEADOWBREEZE DRIVE
WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6019 VIA VENETIA SOUTH
CITY-ST-ZIP DELRAY BEACH, FL 33484

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NORMAN MAYBERG NORMAN MAYBERG, TREASURER 3/21/00 732-905-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)