

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90226 018 ***158.75

DOCUMENT # P38056

1. Entity Name

AQUA GULF TRANSPORT, INC.

Principal Place of Business

600 W HILLSBORO BLVD
 SUITE 104
 DEERFIELD BCH FL 33441
 US

Mailing Address

600 W HILLSBORO BLVD
 SUITE 104
 DEERFIELD BCH FL 33441
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1301 West Newport Center Drive

City & State

City & State

Deerfield Beach, FL

Deerfield Beach, FL

Zip

Country

Zip

Country

33442-7734

33442-7734

4. FEI Number 22-2847785

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

Name

BROWNE, ROBERT
 600 W HILLSBORO BLVD
 SUITE 104
 DEERFIELD BEACH FL 33441

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

1301 West Newport Center Drive

City

Deerfield Beach

FL

Zip Code

33442-7734

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, 2001 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	DC	<input type="checkbox"/> Delete
NAME	BROWNE, ROBERT	
STREET ADDRESS	600 W HILLSBORO BLVD SUITE 104	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARLSON, GLENN	
STREET ADDRESS	600 W HILLSBORO BLVD SUITE 104	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILTON, KAY	
STREET ADDRESS	600 W HILLSBORO BLVD SUITE 104	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SKILTON, JOY	
STREET ADDRESS	600 W HILLSBORO BLVD SUITE 104	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1301 West Newport Center Drive	
CITY-ST-ZIP	Deerfield Beach, FL 33442-7734	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1301 West Newport Center Drive	
CITY-ST-ZIP	Deerfield Beach, FL 33442-7734	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1301 West Newport Center Drive	
CITY-ST-ZIP	Deerfield Beach, FL 33442-7734	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geni Kolos	
STREET ADDRESS	1301 West Newport Center Drive	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)