

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P92000011004**

1. Entity Name

**AQUATIC BIOLOGISTS, INC.**

Principal Place of Business

**750 LANARK ST  
SANFORD FL 32773  
US**

Mailing Address

**750 LANARK ST  
SANFORD FL 32773  
US****FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90046 006 \*\*\*158.75

**00020440**

DO NOT WRITE IN THIS SPACE

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 <b>59-3158080</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			

**6. Name and Address of Current Registered Agent****PEREZ, LUIS A  
3760 BECON TREE PLACE  
OVIEDO FL 32765****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.**

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	<b>DST</b>	TITLE	
NAME	<b>CHARLES, DOUGLAS K</b>	NAME	
STREET ADDRESS	<b>320 MAC GREGOR RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	CITY-ST-ZIP	
TITLE	<b>DP</b>	TITLE	
NAME	<b>PEREZ, LUIS A</b>	NAME	
STREET ADDRESS	<b>3760 BECON TREE PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OVIEDO FL</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)