

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002362

1. Entity Name

AQUATIC INNOVATIONS, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90051 033 ***150.00

Principal Place of Business 6333 N ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810 US	Mailing Address 6333 N ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810-4271 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3206 E Colonial Dr Suite, Apt. #, etc Suite A City & State Orlando FL Zip 32803 Country USA	3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-3158462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROTHERMEL, JANICE 6333 N ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810	7. Name and Address of New Registered Agent Name Janice Rothermel Street Address (P.O. Box Number is Not Acceptable) 3206 E. Colonial Dr Suite A City Orlando FL Zip Code 32803
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTHERMEL, PATRICK E 4124 COBBLE STONE COURT ORLANDO FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ROTHERMEL, JANICE 4124 COBBLE STONE COURT ORLANDO FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: Janice Rothermel 1-20-2000 407 292-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)