

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90717 022 ***150.00

DOCUMENT # **P94000024405** ✓

1. Entity Name

AQUATIC PLANT MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

125 DETJENS DAIRY RD

3. Mailing Address

P.O. Box 477

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VENUS FL

City & State
VENUS FL

4. FEI Number

65-0478661

Applied For

Not Applicable

Zip
33960

Country

Zip
33960

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **-SUAREZ, ALBERT-**

Street Address (P.O. Box Number is Not Acceptable)
125 DETJENS DAIRY RD

City **VENUS**

FL

Zip Code
33960

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 *Albert Suarez*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
 NAME **P SUAREZ, ALBERT**
 STREET ADDRESS **P.O. BOX 477**
 CITY-ST-ZIP **VENUS, FL 33960**

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 IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

ALBERT SUAREZ

SIGNATURE: *Albert Suarez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/22/03 (954)444 1379

Date

Daytime Phone #

CR2E034B (12/02)