

DOCUMENT # **P94000052435**

1. Entity Name

AQUA SOUTHERN INC.**FILED****Jul 10, 2000 8:00 am**
Secretary of State

07-10-2000 90013 002 ***150.00

Principal Place of Business

7201 N. STATE RD. 7
PARKLAND FL 33067

Mailing Address

% RANDOLPH LIPTON
7201 N. STATE RD. 7
PARKLAND FL 33067

2. Principal Place of Business

17567 LAKE ESTATES DR

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0512808

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

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

LIPTON, RANDOLPH J
7201 N. STATE RD. 7
PARKLAND FL 33067**17567 LAKE ESTATES DR**
BOCA RATON FL 33496

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 resigning)

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 State10. 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 **P** ☐ Delete
NAME **LIPTON, RANDOLPH**
STREET ADDRESS **17567 LAKE EST. DR.**
CITY-ST-ZIP **BOCA RATON FL 33496**TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addit
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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 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 #

RANDOLPH J. LIPTON 3/10/00 954-345-7617