

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90064 002 ***150.00

RECORDS AT

DOCUMENT # P94000058364
 1. Entity Name
AQUA MARINE SALE & SERVICE, INC.

Principal Place of Business 6250 NW 126TH PLACE CHIEFLAND FL 32626 US	Mailing Address 6250 NW 126TH PLACE CHIEFLAND FL 32626 US
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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 59-3262074	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KAPLAN-STEIN, ROBERT
3530 N.W. 97TH BLVD.
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLANSTEIN, ROBERT	
STREET ADDRESS	3530 N.W. 97TH BOULEVARD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLANSTEIN, DALE	
STREET ADDRESS	3530 N.W. 97TH BOULEVARD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALEXANDER, ROBERT	
STREET ADDRESS	6250 NW 126 PL	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	ALEXANDER, PAULA	
STREET ADDRESS	6250 NW 126 PL	
CITY-ST-ZIP	CHIEFLAND FL 32626	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Paula R. Alexander* **PAULA R. ALEXANDER** 4-24-02 3524932782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)