2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 20 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000020801

1. Entity Name
AGE OF AQUARIUM, INC.

Principal Place of Business	Mailing Address
8900 S.R. 84 DAVIE, FL 33324 US	120 NE 20 ST MIAMI, FL 33137 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
8900 SR 84
Suite, Apt. #, etc.
City & State: DAVIE FLA
Zip: 33324 Country: USA

CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0566983 (Applied For / Not Applicable)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PEDERSEN, JUDI~~
~~120 NE 20 ST~~ 16465 NE 31 AVE
~~MIAMI, FL 33137~~ NMB, FLA 33160

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 16465 NE 31 Ave
City: N.M.B FLA FL Zip Code: 33160

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 a
the obligations of registered agent.

SIGNATURE: _____ DATE: 5/13/03
Signature, type or print name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when submitting)

FILE AGAIN!!! FEE IS $150.00
After May 1, 2003 fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Added to Fe

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2	
TITLE	D	☐ Delete	TITLE	☐ Change ☐
NAME	COHN, HOWARD A		NAME	
STREET ADDRESS	8900 S.R. 84		STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐
NAME			NAME	600019578306
STREET ADDRESS			STREET ADDRESS	05/20/03--01034--006 **150.00
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 infor
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
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 Bl
changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD COHN 954-424-
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR — Date — Daytime Telephone #

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05/13/2003 18:48 3059474554 JUDI PEDERSEN PAGE 01/03

Age of Aquarium, Inc.
8900 State Road 84
Davie, Florida 33324

Department of State
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Carol Mustain
Document# P95000020801

May 14, 2003

Dear Ms. Mustain:

I am enclosing form UBR for Age of Aquarium, Inc. for the year 2003 and a check for $150.00.

The mailing address you had for Age of Aquarium was the former business address of Judi Pedersen, an officer of the corporation. She has not been receiving mail at that address in months, and therefore we have not received form UBR for 2003. As per your instructions, we printed out form UBR from the Internet.

We have changed the name and address of the current registered agent on the current form UBR. We have also updated the mailing address on form UBR.

Sincerely,

Howard A. Cohn
President, Age of Aquarium