

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077228

1. Entity Name  
AQUILACO, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90848 046 \*\*\*158.75

Principal Place of Business

Mailing Address

6641 GENTLE BEN CIR  
WESLEY CHAPEL FL 33543  
US

6641 GENTLE BEN CIR  
WESLEY CHAPEL FL 33544-3437  
US

2. Principal Place of Business

3. Mailing Address

6000 Gentle Ben Cir  
Suite, Apt. #, etc.

6000 Gentle Ben Cir  
Suite, Apt. #, etc.

Wesley Chapel

Wesley Chapel

City & State  
Wesley Chapel FL

City & State  
Wesley Chapel FL

Zip Country  
33544 USA

Zip Country  
33544 USA

4. FEI Number 59-3340331

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

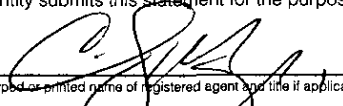
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYER, CINDY  
5339 VILLAGE MARKET  
WESLEY CHAPEL FL 33543-2525

Name  
Meyer, Cindy  
Street Address (P.O. Box Number is Not Acceptable)  
6000 Gentle Ben Circle  
City  
Wesley Chapel FL Zip Code  
33544

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  CINDY MEYER - President 4/14/2000  
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, 2000 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

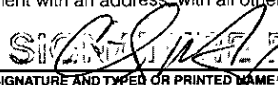
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PASTIRJAK, JULIETTE 1847 SAILFISH ROAD PASADENA FL	<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	PT MEYER, CINDY 3743 SANDLEWOOD DRIVE LAND O'LAKES FL	<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 like empowered.

SIGNATURE

 CINDY MEYER - President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000 (813) 973-1318  
Date Daytime Phone #

CR2E034 (9/99)