

2000 UNIFORM BUSINESS REPORT (UBR)

4/4

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

04-04-2000 90098 002 ***158.75

DOCUMENT # P95000078099

1. Entity Name

AQUAFINE WATER TREATMENT OF THE NATURE COAST INC

Principal Place of Business

Mailing Address

13132 U.S. HWY 19
HUDSON FL 34667

13132 U.S. HWY 19
HUDSON FL 34667-1749

2. Principal Place of Business

3. Mailing Address

13132 U.S. Hwy 19
Suite, Apt. #, etc.
Hudson, FL
City & State

M.J. CLARK President
Suite, Apt. #, etc.
6200 Bear Trail
Weeki Wachee FL
City & State

Zip
34667

Country
FL

Zip
34607-1607

Country
Hernando

4. FEI Number
59-3344353

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

CLARK, MARILYNN J
6200 BEAR TRAIL
WEEKI WACHEE FL 34607

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

City

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 M.J. Clark Pres. M.J. CLARK Pres. 3/30/2000
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	DPT CLARK, MARILYNN J 6200 BEAR TRAIL WEEKI WACHEE FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, MARILYNN J 6200 BEAR TRAIL WEEKI WACHEE FL 34607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	LISA PAULIK 17434 Shirla Rae Spring Hill, FLA 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: M.J. Clark Pres. M.J. CLARK

Date: 3/30/00

Daytime Phone #

CR25024 (9/99)