

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080034

1. Entity Name

AQUA - TECH SERVICES, INC.

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

04-17-2000 90125 031 ***150.00

Principal Place of Business

Mailing Address

185 N. HOLIDAY RD.
DESTIN FL 32541

185 N. HOLIDAY RD.
DESTIN FL 32541-6927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3331360

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DULAR, JAMES G
647 PORPOISE AVE.
FORT WALTON BEACH FL 32548

Name

James G. Dular

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

185 N Holiday Rd

City

Destin

FL

Zip Code

32541

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 James G Dular

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-10-00

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 P ☐ Delete

NAME RICHARDSON, MARTIN L

STREET ADDRESS 185 N. HOLIDAY RD.

CITY-ST-ZIP DESTIN FL 32541

TITLE VP ☒ Delete

NAME TAPLEY, RONALD W

STREET ADDRESS 185 N. HOLIDAY RD.

CITY-ST-ZIP DESTIN FL 32541

TITLE VP ☒ Delete

NAME KOZLOWSKI, JOSEPH F

STREET ADDRESS 185 N. HOLIDAY RD.

CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

850-650-3747

Daytime Phone #

CR2E034 (9/99)