

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90100 030 \*\*\*150.00

DOCUMENT # P9 6000015642

1. Entity Name

AQUAVENTURE CHARTER INC ✓

**DO NOT WRITE IN THIS SPACE**

659771

2. Principal Place of Business

146 107th AV

Suite, Apt. #, etc.

3. Mailing Address

146 107th AV

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Treasure Island

City & State

Treasure Island

4. FEI Number

59-3367446

Applied For

Not Applicable

Zip

Country

33706 U.S.

Zip

Country

33706 US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Daniel Bailey

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

146 107th AV

City

Treasure Island FL

Zip Code

33706

**DO NOT WRITE  
IN THIS SPACE**

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

*Daniel Bailey*

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

(NOTE: Registered Agent signature required when reinstating)

4-29-02

Date

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☒

January 1 - May 15 Fee is \$150.00

After May 15 Fee is \$550.00

Amended UBR is \$6125.00

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Daniel Bailey  
146 107th AV  
Treasure Island FL 33706

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02  
Date Daytime Phone #

CR2E034B (12/01)