

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000029590**

1. Entity Name

AQUA TECHNOLOGIES GROUP, INC.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90406 011 ***150.00

Principal Place of Business

**1530 E 128TH AVE
TAMPA FL 33612
US**

Mailing Address

**1530 E 128TH AVE
TAMPA FL 33612
US****00057730**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7209 N. 19th St.

Suite, Apt. #, etc.

3. Mailing Address

7209 N. 19th St.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3397797

Applied For

Not Applicable

Zip

33620

Country

USA

Zip

33620

Country

USA5. 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

**HSIAO, SHYH-MIN T PH.D.
1530 E 128TH AVE
TAMPA FL 33612**

Name

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

City

FL

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

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, 2001 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SHYH-MIN, TOM H	6103 BALSAM DR.	FT. PIERCE FL 34982				
PDS	SHYH-MIN, TOM H	1530 E 128TH AVE	TAMPA FL 33612				

CR2E034 (10/00)

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

4/22/01

(813) 263-6852

Daytime Phone #