

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033939

1. Entity Name
AquaGeo, Inc.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90022 007 ***150.00

Principal Place of Business Mailing Address
11 SEACREST DRIVE P.O. BOX 1445
Ormond Beach, FL 32176 Ormond Beach, FL
32175

825744

2. Principal Place of Business 3. Mailing Address
11 SEACREST DRIVE P.O. BOX 1445
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Ormond Beach, FL Ormond Beach, FL
Zip Country Zip Country
32176 U.S. 32175 U.S.

4. FEI Number Applied For
59-3373296 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
Minette, Barbara
11 SEACREST DRIVE
Ormond Beach, FL 32176

7. Name and Address of New Registered Agent
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 *Minette, Barbara Minette*
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
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
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: *Minette, Barbara Minette*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-08-00 904-441-4009
Date Daytime Phone #

CR2E034 (9/99)