

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047192

1. Entity Name

AQUA TURBO DESIGNS, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90126 024 \*\*\*150.00

Principal Place of Business

Mailing Address

2272 AIRPORT ROAD SOUTH, SUITE 203  
 NAPLES FL 33962

2272 AIRPORT ROAD SOUTH, SUITE 203  
 NAPLES FL 34112-4837

2. Principal Place of Business

3. Mailing Address

236 VIRGINIA AVE

P.O. BOX 216

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS BEACH

City & State

FT. MYERS BEACH

4. FEI Number

65-0681398

Applied For

Not Applicable

Zip

Country

33731

USA

Zip

33931

Country

USA

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

WIEBE, JOERG

Name

WIEBE, JOERG

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

236 VIRGINIA AVE

City

FT. MYERS BEACH

FL

Zip

33931

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

4/30/00

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 ☐ Delete  
 NAME D  
 STREET ADDRESS WIEGE, JOERG  
 CITY-ST-ZIP 2272 AIRPORT ROAD SOUTH, SUITE 203  
 NAPLES FL 33962

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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

Date

Daytime Phone #

941-691-8872

CR2E034 (9/99)