

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90038 028 ***150.00

DOCUMENT # P96000077752

1. Entity Name

AQUA SPORTS UNLIMITED FMB, INC.

Principal Place of Business

**6890 ESTERO BLVD.
 FT. MYERS BEACH FL 33931**

Mailing Address

**P.O. BOX 32
 FT. MYERS BEACH FL 33931**

443323



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3001 ESTERO BLVD.

3. Mailing Address

8930 TIMBER RUN CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS BEACH

City & State

FORT MYERS FLORIDA

4. FEI Number

65-0801893

Applied For

Not Applicable

Zip

33931

Country

USA

Zip

33908

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PERRY, WILLIAM E
 1600-4 PARK MEADOW DRIVE
 FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

Name **WILLIAM E PERRY**
 Street Address (P.O. Box Number is Not Acceptable)
8930 TIMBER RUN COURT
FT. MYERS
 City **FL** Zip Code **33908**

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 *William E Perry* **WILLIAM E PERRY** **PRESIDENT** **3/1/02**

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, 2002 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 **P** ☐ Delete
 NAME **PERRY, WILLIAM E**
 STREET ADDRESS **5544-1 MALT DR**
 CITY-ST-ZIP **FT. MYERS BEACH FL 33907**

TITLE **VP** ☐ Delete
 NAME **PERRY, LISA E**
 STREET ADDRESS **5544-1 MALT DR**
 CITY-ST-ZIP **FT. MYERS BEACH FL 33907**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☐ Addition
 NAME **WILLIAM E PERRY**
 STREET ADDRESS **8930 TIMBER RUN COURT**
 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
 NAME **LISA E PERRY**
 STREET ADDRESS **8930 TIMBER RUN COURT**
 CITY-ST-ZIP **FT. MYERS FL 33908**

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

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: *William E Perry* **WILLIAM E PERRY** **3/1/02** **941-275-6586**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)