

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90391 019 \*\*\*\*61.25  
05-01-2003 90818 008 \*\*\*\*88.75

**DOCUMENT # P96000081067**



1. Entity Name  
**AQUA DYNAMICS MOLDS, INC.**

Principal Place of Business  
**1690 FITZPATRICK POINT  
PORT OF SANFORD FL 32771**

Mailing Address  
**1690 FITZPATRICK POINT  
PORT OF SANFORD FL 32771**



2. Principal Place of Business  
**650 Hickman Circle**

3. Mailing Address  
**650 Hickman Circle**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Sanford FL**

City & State  
**Sanford FL**

4. FEI Number  
**59-3448970**

Applied For  
☐ Not Applicable

Zip  
**32771**

Country

Zip  
**32771**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STEPP, STEVE  
1690 FITZPATRICK PT  
SANFORD FL 32771**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**650 Hickman Circle**  
City  
**Sanford** FL Zip Code  
**32771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEPP, KIMBERLY</b>		NAME	<b>650 Hickman Circle</b>	
STREET ADDRESS	<b>1690 FITZPATRICK POINT</b>		STREET ADDRESS	<b>Sanford, FL 32771</b>	
CITY-ST-ZIP	<b>PORT OF SANFORD FL 32771</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEPP, STEVE</b>		NAME	<b>650 Hickman Circle</b>	
STREET ADDRESS	<b>1690 FITZPATRICK POINT</b>		STREET ADDRESS	<b>Sanford, FL 32771</b>	
CITY-ST-ZIP	<b>PORT OF SANFORD FL 32771</b>		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.

**SIGNATURE: \_\_\_\_\_**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)