## 200% UNIFORM BUSINESS REPORT (UBR)

## Aug 04, 2003 8:00 am DOCUMENT # P96000088589 Secretary of State AQUA MED, INC. 08-04-2003 90156 025 \*\*\*150.00 Principal Place of Business Mailing Address 9990 E GULF ST 9990 E GULF ST SEMINOLE FL 33776 SEMINOLE FL 33776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State 59-3403715 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOUNG, JOHN D Street Address (P.O. Box Number is Not Acceptable) 9990 E GULF ST SEMINOLE FL 33776 Zip Code City 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) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10, Election Campaign Financing \$5.00 May Be fax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition TITLE TILLE Delete YOUNG, JOHN D NAME NAME 9990 E GULF ST STREET ADDRESS STREET ADDRESS SEMINOLE FL 33776 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition Delete YOUNG, KAREN NAME NAME 9990 E GULF ST STREET ADDRESS STREET ADDRESS SEMINOLE FL 33776 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE mil NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST - ZIP Addition ☐ Change Tittle ☐ Delete THUE NAME STREET ADDRESS STREET ADDRESS CITY- ST - 717 CHY-ST-ZIP Change Addition ☐ Delete 11111 STRLET ADDRESS STREET ADDRESS CHY-ST-7IP CI1Y-S1-7IP Addition THE Change ☐ Delete 1111.6 MAMI STRLET ADDRESS STREET ADDRESS '- ST. 7IP

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 tau 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.

CHY-ST-702

SIGNATURE:

JOHN D. BUNG - RES, DENT 7-7-01 727-596-1752

attachment

80134007. P94000088589

July 30, 2003

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Aqua Med, Inc. - P96000088589

2003 Uniform Business Report

Dear Sir or Madam:

Enclosed you will find the 2003 Uniform Business Report.

The enclosed form is a copy of my 2001 Uniform Business Report that I have changed to reflect 2003. I never received the 2003 Uniform Business Report form. After meeting with my accountant today, we determined that the 2003 UBR hadn't been filed.

A check for \$150 is included as payment for the annual registration.

Please abate the penalty and accept the return as filed timely. Thank you for your time and consideration in this matter. All future reports will be filed in a timely manner.

Sincerely,

John Young President

Enclosures: Form & Check