

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90052 004 ***150.00

770498

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000090914
1. Entity Name
 AQUATIC ARCHITECTS, INC.

Principal Place of Business
 2220 J & C BLVD., STE 2
 NAPLES, FL 34109

Mailing Address
 2220 J & C BLVD., STE 2
 NAPLES, FL 34109

2. Principal Place of Business
 5780 TAYLOR ROAD, SUITE 3

3. Mailing Address
 5780 TAYLOR ROAD, SUITE 3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 NAPLES, FL

City & State
 NAPLES, FL

4. FEI Number
 59-3416848

Applied For
 Not Applicable

Zip
 34109

Country

Zip
 34109

Country

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

RYAN, JAMES E.
 10261 BOCA CIRCLE
 NAPLES, FL 33942

Name

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

City

FL **Zip Code** 34109

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

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, 2001 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 DP ☐ Delete
NAME RYAN, JAMES E.
STREET ADDRESS 10261 BOCA CIRCLE
CITY-ST-ZIP NAPLES, FL 33942

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CORPORATION DID NOT RECEIVE ORIGINAL FORM

CR2E034 (11/00)

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]

JAMES E. RYAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-594-2240

Daytime Phone #