

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090914

1. Entity Name  
AQUATIC ARCHITECTS, INC.

FILED  
Jan 22, 2002 8:00 am  
Secretary of State

01-22-2002 90100 024 \*\*\*150.00

0501192 AV

Principal Place of Business  
5780 TAYLOR ROAD  
SUITE 3  
NAPLES FL 34109  
US

Mailing Address  
5780 TAYLOR ROAD  
SUITE 3  
NAPLES FL 34109  
US

908427



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3416848

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

RYAN, JAMES E  
10261 BOCA CIR  
NAPLES FL 33942

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 | NAME            | STREET ADDRESS   | CITY - ST - ZIP     | Delete                              |
|-------|-----------------|------------------|---------------------|-------------------------------------|
|       | D RYAN, JAMES E | 10261 BOCA CIR   | NAPLES FL 33942     | <input checked="" type="checkbox"/> |
|       | President/Owner | Ryan, James E    | 5930 22nd Avenue NW | <input type="checkbox"/>            |
|       |                 | Naples, FL 34119 |                     | <input type="checkbox"/>            |
|       |                 |                  |                     | <input type="checkbox"/>            |
|       |                 |                  |                     | <input type="checkbox"/>            |
|       |                 |                  |                     | <input type="checkbox"/>            |
|       |                 |                  |                     | <input type="checkbox"/>            |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | Change                   | Addition                 |
|-------|------|----------------|-----------------|--------------------------|--------------------------|
|       |      |                |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |                 | <input type="checkbox"/> | <input type="checkbox"/> |

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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2002 (941) 594-2240

Date

Daytime Phone #

CR2E034 (9/01)