

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90455 027 ***150.00

DOCUMENT # P96000090914

1. Entity Name
AQUATIC ARCHITECHS, INC.



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

Mailing Address
5780 TAYLOR ROAD
SUITE 3
NAPLES FL 34109
US

2. Principal Place of Business

1910 J & C Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1910 J & C Blvd.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Naples, FL

Zip
34109

Country
U.S.A.

City & State
Naples, FL

Zip
34109

Country
U.S.A.

4. FEI Number 59-3416848

Applied For
Not Applicable

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

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 James E Ryan

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

5980 22nd Avenue NW

City Naples FL Zip Code 34119

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 *James E. Ryan*
Signature, typed or printed name of registered agent and title if applicable.

James E. Ryan

2-7-03
DATE

(NOTE: Registered Agent signature required when reinstating)

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

TITLE D
NAME RYAN, JAMES E
STREET ADDRESS 10261 BOCA CIR
CITY-ST-ZIP NAPLES FL 33942 ☐ Delete

TITLE PO
NAME RYAN, JAMES E
STREET ADDRESS 5980 22ND AVENUE NW
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 all other like empowered.

SIGNATURE:

James E. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Ryan 2-7-03 (239) 594-2240
Date Daytime Phone #

CR2E034 (10/02)