

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90051 027 ***150.00

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DOCUMENT # P97000029060

1. Entity Name

AQUACULTURE MANUFACTURING, INC.

Principal Place of Business

649 8TH CT
 VERO BEACH FL 32962
 US

Mailing Address

~~204 SPINNAKER DR.~~ 649 8TH COURT
 VERO BEACH FL 32962
 US

2. Principal Place of Business

649 8TH COURT

Suite, Apt. #, etc.

3. Mailing Address

649 8TH COURT

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL.

Zip

32962

Country

USA

Zip

32962

Country

USA

4. FEI Number

65-0753397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASALINO, CHARLENE
~~204 SPINNAKER DR.~~ 649 8TH COURT
 VERO BEACH FL ~~32963~~ 32962

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 *Charlene M. Casalino*

CHARLENE M. CASALINO

4-5-01

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 P ☐ Delete
 NAME CASALINO, LOUIS
 STREET ADDRESS 649 8TH CT.
 CITY-ST-ZIP ~~204 SPINNAKER DR.~~ 32962
 VERO BEACH FL 32963

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

TITLE C ☐ Delete
 NAME CASALINO, CHARLENE
 STREET ADDRESS 649 8TH CT.
 CITY-ST-ZIP ~~204 SPINNAKER DR.~~ 32962
 VERO BEACH FL 32963

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

TITLE VPGM ☐ Delete
 NAME CASALINO, MARC
 STREET ADDRESS 649 8TH CT.
 CITY-ST-ZIP ~~204 SPINNAKER DR.~~ 32962
 VERO BEACH FL 32963

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

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:

Charlene M. Casalino

CHARLENE M. CASALINO

4/5/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

561-
 562-
 8444