

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90040 034 ***150.00

DOCUMENT # P97000036366

1. Entity Name

AQUASTAR, INC.

Principal Place of Business

Mailing Address

~~1200 FLIGHTLINE BLVD~~~~1200 FLIGHTLINE BLVD~~~~8~~
DELAND FL 32724~~8~~
DELAND FL 32724**US****US**

2. Principal Place of Business

1335 SARATOGA ST

Suite, Apt. #, etc.

3. Mailing Address

~~1200~~ **1335 SARATOGA ST**

Suite, Apt. #, etc.

City & State
DELAND FLCity & State
DELAND FL4. FEI Number **59-3519462**Applied For
Not ApplicableZip
32724Country
FLORIDAZip
32724Country
FLORIDA5. 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

PEDATA, MARTIN A~~1200 FLIGHTLINE BLVD~~~~DELAND FL 32724~~**1335 SARATOGA ST
DELAND FL 32724**

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, 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	D	<input type="checkbox"/> Delete
NAME	PEDATA, MARTIN A	
STREET ADDRESS	1200 FLIGHTLINE BLVD STE 8	
CITY-STATE-ZIP	DELAND FL 32724	

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN A. PEDATA

05/30/01

Date

386 736 8262

Daytime Phone #

CR2E034 (10/00)