2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000041406** Aug 21, 2000 8:00 am Secretary of State AQUA-MARINE SERVICES, INC. 08-21-2000 90213 024 ***150.00 Principal Place of Business Mailing Address 756 BEACHLAND BLVD 756 BEACHLAND BLVD VERO BEACH FL 32963 VERO BEACH FL 32963 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3447619 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent COLLINS, GEROGE G JR. 756 BEACHLAND BLVD VERO BEACH FL 32963 8. The above named entity submits this statement for the purpose of changing its registered office SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Mln. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE COUNCIL, THOMAS F NAME NAME 6845 51ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32967 Change ☐ Addition TITLE ☐ Defete TITLE COUNCIL, NADINE C NAME NAME 6845 51ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32967 TITLE Change ☐ 'Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-00 561-564-004C

Aqua-Marine Services, Inc.

Home of the Sea Doctor



TOM COUNCIL, Owner

August 14, 2000

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, Florida 32314

Dear Sir or Madam:

Per my conversation with your department, enclosed you will find my annual report with the initial fee of \$150.00.

When our corporation was set up I was an employee with a law firm. I am no longer with the firm and the departure unfortunately was not a pleasant one. Unfortunately, our registered agent was one of the attorneys with the firm. We did not receive the initial report.

Please change your records to reflect our business address as 3600 69th Street, Vero Beach, FL 32967.

Thank vou.

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