2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address RIO COMMERCIAL CENTER

NE DIXIE HWY, BLDG 891, UNIT 1

JENSEN BEACH FL 34957

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # **P97000066587** AQUATIC TECHNOLOGIES INC.

Principal Place of Business

COMMERCIAL CENTER DIXIE HWY, BLDG 891, UNIT 1

2. Principal Place of Business

IENGEN BEACH FL 34957

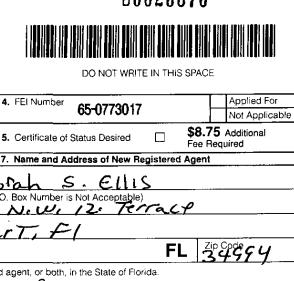
Suite, Apt. #, etc.

City & State

FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90012 031 ***150.00

DUU4067U



Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARDY, SEAN 1050 SE LETHA CIRCLE APT 7 STUART FL 34994			4	Name Debotah S. Ellis Street Address (P.O. Box Number is Not Acceptable) 973 N. W. 12: Terract Strart, Fl		
SIGNATURE . 9. This corporate the state of	e named entity submits this statement for School School School Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	EULL 2/ d title if applicable. (NOTI	E: Registered Agent signatu	5550.00 Trust Fund Contribution.		
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDY, SEAN 1050 SE LETHA CIRCLE APT 7 STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARDY, Sean Cracker 5700 +1, H 34964		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/SECTION Deborah S. Elli 891 Ne Dixie Hu Jensen Pah, A	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ellis, s. Deborah Change ArAddition 973 N.W. 12 Torrace Director		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LENSEN POOR T	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	- ☐ Change ☐ Addition		
TITLE	1	☐ Delete	TITLE	☐ Change ☐ Addition		

CITY-ST-ZIP 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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

2-18-2000

☐ Change

☐ Change

Addition

☐ Addition

CR2E034 (9/99)