

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90193 027 \*\*\*150.00

**DOCUMENT # P97000066587**

1. Entity Name

**AQUATIC TECHNOLOGIES INC.**

Principal Place of Business

**RIO COMMERCIAL CENTER  
 NE DIXIE HWY, BLDG 891, UNIT 1  
 JENSEN BEACH FL 34957**

Mailing Address

**RIO COMMERCIAL CENTER  
 NE DIXIE HWY, BLDG 891, UNIT 1  
 JENSEN BEACH FL 34957**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**ELLIS, DEBORAH S  
 973 NW 12 TERR  
 STUART FL 34994**

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDY, SEAN	
STREET ADDRESS	1050 SE LETHA CIRCLE APT 7	
CITY-ST-ZIP	STUART FL 34994	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HARDY, SEAN	
STREET ADDRESS	1050 SE LERTHA CIR	
CITY-ST-ZIP	STUART FL 34994	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ELLIS, DEBORAH S	
STREET ADDRESS	973 NW 12 TERR	
CITY-ST-ZIP	STUART FL 34999	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis Hardy	
STREET ADDRESS	891 NE DIXIE Highway	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	Vice President / Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sean Hardy	
STREET ADDRESS	891 NE DIX Highway	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	Samuel	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01 561225-4389

**00066574**



DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)