

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0010176 AV

**DOCUMENT # P97000078024**

1. Entity Name  
**AQUATECHNICS MANUFACTURING, INC.**

04-10-2002 90023 042 \*\*\*150.00

Principal Place of Business <b>3888 N. PONCE DE LEON BLVD.                  ST. AUGUSTINE FL 32084-1281                  US</b>	Mailing Address <b>3888 N. PONCE DE LEON BLVD.                  ST. AUGUSTINE FL 32084-1281                  US</b>
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**B0062558**



2. Principal Place of Business Suite, Apt. #, etc. <b>AQUATECHNICS MANUFACTURING</b>	3. Mailing Address Suite, Apt. #, etc. <b>AQUATECHNICS MANUFACTURING</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>0980 US 1 North Suite 107                  St. Augustine, FL 32095</b>	City & State <b>0980 US 1 North Suite 107                  St. Augustine, FL 32095</b>	4. FEI Number <b>59-3541953</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32095</b>	Country <b>US</b>	Zip <b>32095</b>	Country <b>US</b>

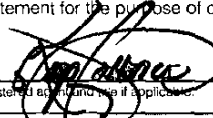
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

<b>FALKNER, KEMP</b> <b>427 CAMELIA TRAIL</b> <b>ST. AUGUSTINE FL 32086</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	<b>FL</b>	

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:  (NOTE: Registered Agent signature required when reinstating) DATE: **01/13/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FALKNER, KEMP</b> <b>427 CAMELIA TRAIL</b> <b>ST. AUGUSTINE FL 32086</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Kemp Falkner** Date: **1/2/02** Daytime Phone #: **904 824 0580**

CR2E034 (9/01)