

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90020 013 \*\*\*158.75

0555638

**DOCUMENT # P97000095435**

1. Entity Name  
**AQUARIS CHARTERS INC.**

Principal Place of Business <b>3626 CORSAIR COURT          NEW PORT RICHEY FL 34652          US</b>	Mailing Address <b>3626 CORSAIR COURT          NEW PORT RICHEY FL 34652          US</b>
--	--

**00004188**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>12148 Fox Chase Dr.</b> Suite, Apt. #, etc.	3. Mailing Address <b>12148 Fox Chase Dr.</b> Suite, Apt. #, etc.
---	---

City & State <b>Nudson FL</b>	City & State <b>Nudson, FL</b>	4. FEI Number <b>59-3478610</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34669</b>	Country <b>US</b>	Zip <b>34669</b>	Country <b>US</b>

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

6. Name and Address of Current Registered Agent <b>SCHECHTMAN, STUART          3626 CORSAIR COURT          NEW PORT RICHEY FL 34652</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>12148 Fox Chase Dr.</b> City <b>Nudson</b> FL Zip Code <b>34669</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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: *[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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCHECHTMAN, STUART 3626 CORSAIR COURT NEW PORT RICHEY FL 34652</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Schechtman Stuart 12148 Fox Chase Dr. Nudson Fl. 34669</b> <input checked="" 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
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
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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **1/17/01** Daytime Phone #: **727-374-9185**

CFR2034 (10/00)