

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030696

1. Entity Name

AQUA CIRCLE, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90064 016 \*\*\*150.00

Principal Place of Business

Mailing Address

985 AQUA CIRCLE  
 NAPLES FL 34102

985 AQUA CIRCLE  
 NAPLES FL 34102-7416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0834113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FISKE, JULIUS  
 985 AQUA CIRCLE  
 NAPLES FL 34102

7. Name and Address of New Registered Agent

Name HELEN S. FISKE

Street Address (P.O. Box Number is Not Acceptable)

985 Aqua Circle

City Naples

FL

Zip Code 34102

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

Helen Sandra Fiske

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, 2000 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          | D/VP                    | <input checked="" type="checkbox"/> Delete                                 |
| NAME           | FISKE, JULIUS           |  |
| STREET ADDRESS | 985 AQUA CIRCLE         |  |
| CITY-ST-ZIP    | NAPLES FL 34102         |  |
| TITLE          | DPT                     | <input checked="" type="checkbox"/> Delete AS president and treasurer only |
| NAME           | FISKE, GLORIA           |  |
| STREET ADDRESS | 985 AQUA CIRCLE         |  |
| CITY-ST-ZIP    | NAPLES FL 34102         |  |
| TITLE          | D/S                     | <input checked="" type="checkbox"/> Delete AS secretary only               |
| NAME           | FISKE, HELEN S          |  |
| STREET ADDRESS | 123 QUNICY CIRCLE       |  |
| CITY-ST-ZIP    | SANTA ROSA BCH FL 32459 |  |
| 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          | DIRECTOR / VICE PRESIDENT  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | RICHARD D. FISKE           |   |
| STREET ADDRESS | P.O. Box 252               |   |
| CITY-ST-ZIP    | Glorieta, New Mexico 87535 |   |
| TITLE          | DIRECTOR                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | GLORIA FISKE               |   |
| STREET ADDRESS | 985 Aqua Circle            |   |
| CITY-ST-ZIP    | Naples, FL 34102           |   |
| TITLE          | DIRECTOR / PRESIDENT       | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | FISKE, HELEN SANDRA        |   |
| STREET ADDRESS | 985 AQUA CIRCLE            |   |
| CITY-ST-ZIP    | NAPLES, FL. 34102          |   |
| TITLE          | Treasurer                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | PAUL FISKE                 |   |
| STREET ADDRESS | 712 Calle Espejo           |   |
| CITY-ST-ZIP    | Santa Fe, New Mexico 87505 |   |
| TITLE          | Secretary                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | Gerald W. Anderson         |   |
| STREET ADDRESS | 985 Aqua Circle            |   |
| CITY-ST-ZIP    | Naples, FL 34102           |   |
| 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:

Helen Sandra Fiske

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00  
 Date

941-262-4861  
 Daytime Phone #

CR2E034 (9/99)