

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90078 042 \*\*\*150.00

**DOCUMENT # P98000030696**

1. Entity Name  
**AQUA CIRCLE, INC.**



Principal Place of Business  
**985 AQUA CIRCLE  
NAPLES FL 34102**

Mailing Address  
**985 AQUA CIRCLE  
NAPLES FL 34102**

2. Principal Place of Business  
**P.O. Box 4733**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 4733**  
Suite, Apt. #, etc.

City & State  
**SANTA ROSA BEACH, FLORIDA**  
Zip  
**32459**  
Country  
**USA**

City & State  
**SANTA ROSA BEACH, FLORIDA**  
Zip  
**32459**  
Country  
**USA**

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, HELEN S  
985 AQUA CIRCLE  
NAPLES FL 34102**

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

Name **Richard Yovanovich, Esq**  
Street Address (P.O. Box Number is Not Acceptable)  
**Goodlette, Coleman & Johnson**  
**4001 TAMiami TRAIL NORTH - Suite 300**  
City **NAPLES, FLORIDA** FL Zip Code **34103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**213103**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP FISKE, RICHARD D P O BOX 252 GLORIETA NM 87535</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FISKE, GLORIA 985 AQUA CIRCLE NAPLES FL 34102</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP FISKE, HELEN S 985 AQUA CIRCLE NAPLES FL 34102</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FISKE, PAUL 712 CALLE ESPEJO SANTA FE NM 87505</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ANDERSON, GERALD W 985 AQUA CIRCLE NAPLES FL 34102</b>	<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

**4/2/03**  
Date  
**850-231-0235**  
Daytime Phone #

CR2E034 (10/02)