

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90173 008 ***155.00

DOCUMENT # P98000038992

1. Entity Name

AQUA-TERRA CONSTRUCTION AND ENGINEERING SYSTEMS, INC.



Principal Place of Business

**1245 COURT STREET
SUITE 102
CLEARWATER FL 33756**

Mailing Address

**1245 COURT STREET
SUITE 102
CLEARWATER FL 33756**

2. Principal Place of Business

2450 SUNSET POINT RD

3. Mailing Address

SAME

Suite/Apt. #, etc.

D

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

4. FEI Number

59-3507472

Applied For

Not Applicable

Zip

33765

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ.
1245 COURT STREET, STE 102
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

SCOTT P. SWOPE

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

2450 SUNSET POINT ROAD, SUITE D

City

CLEARWATER

FL

Zip Code

33765

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

Scott P. Swope
Signature, typed or printed name of registered agent and applicable.

SCOTT P. SWOPE

(NOTE: Registered Agent signature required when reinstating)

1-20-03

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

TITLE **D. DESLAURIERS** ☐ Delete
NAME **DESLAURIEIS, DAN**
STREET ADDRESS **12511 GLASCOCK CR**
CITY-ST-ZIP **GULFPORT MS 39503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **DESLAURIERS, DANIEL**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Scott P. Swope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-03

Date

**228
324-4823**

Daytime Phone #

CR2E034 (10/02)