

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-07-2003 91053 017 ***150.00

DOCUMENT # P98000045122

1. Entity Name
AQUARIUMS BY THE SEA, INC.



Principal Place of Business
892 N.E. 41 PLACE
POMPANO BEACH FL 33064

Mailing Address
2720 FOREST HILLS BLVD
204
CORAL SPRINGS FL 33065-5494



2. Principal Place of Business
7175 S. PINE AVE
Suite, Apt. #, etc.
SUITE D

3. Mailing Address
17913 S.E 87TH BOURNE AVE.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
OCALA FL.

City & State
THE VILLAGES FL.

4. FEI Number 65-0837605

Applied For
 Not Applicable

Zip
34480

Country
U.S.A.

Zip
32162

Country
U.S.A.

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

D'ALESSIO, JANET
2720 FOREST HILLS BLVD
204
CORAL SPRINGS FL 33065-5494

Name
D'ALESSIO, JANET
Street Address (P.O. Box Number is Not Acceptable)
17913 S.E 87TH BOURNE AVE
City
THE VILLAGES FL Zip Code
32162

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 -- \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ALESSIO, JANET 2720 FOREST HILLS BLVD CORAL SPRINGS FL 33065-5494 <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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)