AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND AMENDMENT FILED

DOCUMENT # P98000065605

1. Entity Name

AQUA-WATERS, INC.

02 MAY -6 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4513 WINNERS CIRCLE #1524	P.O. BOX 640
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FLORIDA 34238	City & State: SARASOTA, FLORIDA 34230
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3522339 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BARBARA K. SMITH

Street Address (P.O. Box Number is Not Acceptable): 4513 WINNERS CIRCLE
APT # 1524

City: SARASOTA, FL Zip Code: 34238

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, 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MARK BRIVIK %4513 WINNERS CIRCLE #1524 SARASOTA, FLORIDA 34238
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Brivik MARK BRIVIK, PRESIDENT/DIRECTOR (941) 351-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATE ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 5/6/02

____**CERTIFIED COPY**_____ ____**CUS**_____

✓ ____**PHOTO COPY**_____ ✓ ____**FILING** Amended / URR

1.) Aqua-Waters, Inc. (P98-65605)
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

RECEIVED
02 MAY -3 AM 10:14
DIVISION OF CORPORATION

SPECIAL INSTRUCTIONS_____