

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074696

Entity Name  
AQUA ADVENTURES, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**  
01-18-2000 90111 003 \*\*\*150.00

Principal Place of Business 5000 HWY. 17 SUITE 271 ORANGE PARK FL 32073	Mailing Address 5000-18 HWY. 17 SUITE 271 ORANGE PARK FL 32073
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00003048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5000-18 Hwy 17 Suite, Apt. #, etc. PMB 271 City & State ORANGE PARK, FL Zip 32073	3. Mailing Address 5000-18 Hwy 17 Suite, Apt. #, etc. PMB 271 City & State ORANGE PARK, FL Zip 32073
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4. FEI Number 59-3529523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HUFFMAN, ROBERT  
5000-18 HWY. 17  
SUITE 271  
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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) ☒

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUFFMAN, ROBERT 5000-18 HWY. 17 SUITE 271 ORANGE PARK FL 32073 <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	STD HUFFMAN, CHRISTINE 5000-18 HWY. 17 SUITE 271 ORANGE PARK FL 32073 <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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert J. Huffman ROBERT J. HUFFMAN 1-10-00 904-278-0192  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)