

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074696

1. Entity Name

AQUA ADVENTURES, INC.

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90060 005 \*\*\*150.00

Principal Place of Business

Mailing Address

5000-18 HWY. 17  
PMB 271  
ORANGE PARK FL 32073

5000-18 HWY. 17  
PMB 271  
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

5000-18 HWY 17

5000-18 HWY 17

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 271

PMB 271

City & State

City & State

ORANGE PARK, FL

ORANGE PARK, FL

Zip

Country

Zip

Country

32003

32003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

32003

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

*Robert J. Huffman*  
Signature, typed or printed name of registered agent and title if applicable.

ROBERT J. HUFFMAN

PRESIDENT

8 JAN 2001

(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, 2001 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 PD  
NAME HUFFMAN, ROBERT  
STREET ADDRESS 5000-18 HWY. 17 SUITE 271  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ORANGE PARK, FL 32003-8230

TITLE STD  
NAME HUFFMAN, CHRISTINE  
STREET ADDRESS 5000-18 HWY. 17 SUITE 271  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ORANGE PARK, FL 32003-8230

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 JAN 2001

Date

904-218-0192

Daytime Phone #

CR2E034 (10/00)

0606372