

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085563

1. Entity Name

AQUATECTURE AND MORE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90344 016 ***150.00

Principal Place of Business

Mailing Address

5207 SW 79 TERRACE
 GAINESVILLE FL 32608

5207 SW 79 TERRACE
 GAINESVILLE FL 32608-7405

2. Principal Place of Business

3. Mailing Address

6623 SW Archer Rd

6623 SW Archer Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Gainesville, FL

City & State
 Gainesville, FL

4. FEI Number

59-3534463

Applied For

Not Applicable

Zip
 32608

Country
 USA

Zip
 32608

Country
 USA

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

COHEN, JASON D
 5207 SW 79 TERRACE
 GAINESVILLE FL 32608

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	PTVS COHEN, JASON D 5207 SW 79 TERRACE GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JASON D 5207 SW 79 TERRACE GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS COHEN, JASON D 6623 SW Archer Rd. Gainesville, FL 32608	<input checked="" 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

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 25. 2000

Date

(352) 381-3557

Daytime Phone #

CR2E034 (9/99)