

# 2000 UNIFORM BUSINESS (UBR)

10F2

DOCUMENT # P99000002386

1. Entity Name

AQUATHERAPEUTICS, INC.

FILED

00 AUG 28 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

P.O. BOX 4764  
KEY WEST FL 33041

Mailing Address

P.O. BOX 4764  
KEY WEST FL 33041

2. Principal Place of Business

24 JADE DR.

3. Mailing Address

PO BOX 4764

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#16 BIG COPPITT KEY

City & State

KEY WEST FL

City & State

KEY WEST, FL

Zip

33040

Country

USA

Zip

33041

Country

USA

4. FEI Number

05-0888851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~KLITENICK, RICHARD M  
402 APPELROUTH LANE  
KEY WEST FL 33040~~

7. Name and Address of New Registered Agent

Name DOUGLAS BEDGOOD

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

24 JADE DR. #16 BIG COPPITT KEY

City

KEY WEST, FL

Zip Code

33040

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

*Douglas H. Bedgood - President*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*July 11, 2000*

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE \$550.00

After SEPTEMBER 13, 2000 Fee will be \$750.00  
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

TITLE D  
NAME BEDGOOD, DOUGLAS H  
STREET ADDRESS 508 SOUTHWARD ST.  
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.BEDGOOD PRESIDENT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 24 JADE DR. #16 BIG COPPITT KEY  
CITY-ST-ZIP KEYWEST, FL 33040

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Douglas H. Bedgood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/11/2000*  
Date

*305-295-7702*  
Daytime Phone #

KE

CR2E034 (5/00)



20F2

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 1, 2000

AQUATHERAPEUTICS, INC.  
P.O. BOX 4764  
KEY WEST, FL 33041

SUBJECT: AQUATHERAPEUTICS, INC.  
Ref. Number: P99000002386

Please be advised, we have received your annual report/uniform business report for the above corporation; however, the report **has not been filed** and a copy is being returned for the following:

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kristen Eckel  
Document Specialist

Letter Number: 300A00041665

**DO NOT REMOVE**

Reply: Aug. 10, 2000

I never received a report to file prior to July 11, 2000. If I had, the \$150.00 would have been paid, on time, whenever "on time" was. Therefore, I will not pay an additional \$400.00. If you will accept \$150.00 for the filing fee, call me at (800) 237-0469 and I will send the checks promptly. Otherwise, let it dissolve.

Sincerely, Douglas H. Baggood, Registered Agent,  
Aqua Therapeutics, Inc. The only correspondence address is the above P.O. Box or Jade Dr. on the report; not Southard St. or Applebrouth Ln addresses.