

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016751

1. Entity Name
AQUAMARINE USA, INC.

Principal Place of Business
4115 EAST STATE ROAD 46
SANFORD FL 32771

Mailing Address
4115 EAST STATE ROAD 46
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3556532

Applied For

Not Applicable

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

BOGLE, SEAN F
708 TURNBULL AVE. STE. 203
ALTAMONTE SPRINGS FL 32701

Name

EARL SMITH, JR.

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

City

4115 East State Road 46
Sanford

Zip Code

FL 32771

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, EARL JR. 6075 COUNTY ROAD 427 SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, EARL SR. 6075 COUNTY ROAD 427 SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JAKUBCIN, JOHNNY 2010 W. STATE ROAD 426 OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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"/> 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 individuals empowered.

SIGNATURE:

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

Date

Daytime Phone #

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90002 044 ***150.00



DO NOT WRITE IN THIS SPACE

CP-2 (Rev. 4-0-00)

P99000016751
D0076618

Attachment

AQUAMARINE • USA



4115 E. S.R. 46
Sanford, FL 32771
(407) 323-3330
Fax (407) 323-2803

July 7, 2000

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: 2000 Uniform Business Report (UBR)
Document # P99000016751

Please be advised that Aquamarine USA, Inc., did not receive the first application. Per a telephone conversation with one of your employees, we were told to send a letter along with the application and a check for \$150, which should resolve this matter.

Should you have any questions, please do not hesitate to call.

Thank you,

Earl Smith, Jr.
President