

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1002

DOCUMENT # P99000020310

1. Entity Name
AQUATIC EXCURSIONS, INC.

FILED
02 APR -5 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9 East Pelican Street

3. Mailing Address
9 East Pelican Street

DO NOT WRITE IN THIS SPACE

City & State
Naples, Florida

City & State
Naples, Florida

4. FEI Number
59-3562561

Applied For
 Not Applicable

Zip
34113

Country

Zip
34113

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street

4th Floor

City
Miami

FL

Zip Code
33145

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.

Spiegel & Utrera, P.A.

SIGNATURE By: *[Signature]* **Natalia Utrera, Vice President** (NOTE: Registered Agent signature required when reinstating)

DATE **4/4/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD Clarke, Denise C. 9 East Pelican Street Naples, Florida 34113	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400005283134--0 -04/18/02--01070--006 ****300.00 ****300.00
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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 on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **Denise C. Clarke, President** (941) 642-6852

CD09EN034R 1/19/01

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AFFIDAVIT IN SUPPORT OF
REQUEST TO WAIVE THE
FLORIDA DEPARTMENT OF STATE
CORPORATE ANNUAL REPORT LATE FEES

STATE OF FLORIDA)
)
COUNTY OF COLLIER)

1. Denise C. Clarke is the President of AQUATIC EXCURSIONS, INC., a Florida Corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on September 21, 2001.
3. That the Corporation failed to file its 2001 Annual Report or pay the 2001 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2001 and 2002 Annual Report fees and the filing of its 2001 and 2002 Annual Reports, which are presented simultaneously with this Affidavit.
5. AQUATIC EXCURSIONS, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 2 day of APRIL, 2002

FURTHER, AFFIANT SAYETH NOT

FL DL-0462-163-53-625-0

AQUATIC EXCURSIONS, INC.
By: *Denise C. Clarke*
Denise C. Clarke, President

SWORN AND SUBSCRIBED
before me this *2nd* day of *April*, 2002.
Julie Wood
Notary Public, State of Florida at Large
Printed Name: _____
Commission Expires: _____

