

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P99000033574

**1. Entity Name**  
AQUATICARE, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**  
04-26-2000 90206 030 \*\*\*150.00

**Principal Place of Business**  
1835 US 1 South  
Store No. 115  
St. Augustine, FL 32086

**Mailing Address**

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number**  
59-3569272

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

**Applied For**  
☐ **Not Applicable**

C0073850  
DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
MOTOLAW, Inc.  
50 North Laura Street  
Suite 2750  
Jacksonville, FL 32202

**7. Name and Address of New Registered Agent**  
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** \_\_\_\_\_ (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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nierth, Jason L	NAME	
STREET ADDRESS	1835 US 1 South, Store No. 115	STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32086	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campbell, David F	NAME	
STREET ADDRESS	1835 US 1 South, Store No. 115	STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32086	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** JASON NIERTH **4/16/00** **(904) 923-9227**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)