FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90093 016 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033574

1. Entity Name

AQUATICARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1835 US 1 South	1835 US 1 South
Suite, Apt. #, etc. Store No. 115	Suite, Apt. #, etc. Store No. 115
City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32084 / Country USA	Zip 32084 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3569272 — Applied For / Not Applicable

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 MOTOLAW, Inc.

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

50 North Laura Street, Suite 2500

City Jacksonville **FL** Zip Code 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Jason L. Nierth 1835 US 1 South, Store No. 115 St. Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - David F. Campbell 1835 US 1 South, Store No. 115 St. Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jason L. Nierth — 5/22/03 — 904-823-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)