## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 08, 2001 8:00 am DOCUMENT # P99000043419 **Secretary of State** 1. Entity Name CUSTOM AQUATIC SOLUTIONS, INC. 02-08-2001 90376 024 \*\*\*150.00 Principal Place of Business Mailing Address 2263 NW 2ND AVE., #205 2263 NW 2ND AVE., #205 BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address 2080 NW Buca Raton Blud 080 NW Boca Raton Blvd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0922368 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired ----Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MULLIN, JAMES G Street Address (P.O. Box Nymber is Not Acceptable) 3080 NW BOCO (0.101) 2263 NW 2ND AVE., #205 BOCA RATON FL 33431 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE **⊠** Change TITLE ☐ Delete NAME DONZELLA, GEORGE JR. NAME 2080 NW BOCA Raton Blud. St. U STREET ADDRESS STREET ADDRESS 2263 NW 2ND AVE., #205 Boca Raton, FL 33431 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 appears, with all other the empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

WISIDENS

Daytime Phone #