2001	UNIFORM BUS	3R)	FIL	ED					
DOCUMENT # P9900051028 1. Entity Name AQUA TOWN USA, INC.				-	Apr 29, 2001 08:00 AM Secretary of State				
Principal Plac		Mailing Address	<u> </u>						
ORANGE PAR 32073	K FL	ORANGE PARK 32073	FL						
2. Principal Place of Business 1526 QUAIL WOOD CT.		3. Mailing Address 1526 QUAIL WOOD CT.						•	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State ORANGE PARK FL		City & State ORANGE PARK FL			FEI Number 9-3580476		<u> </u>	plied For]
Zip 32003	Country	Zip 32003	Country		Certificate of Status Desire		8.75 Add		
	6. Name and Address of Current		 -	7	Name and Address of Ne		ee Require	<u> </u>	-
NANA ELIZABETH I 1526 QUAIL WOOD CT.				e A ELIZA	ABETH I Box Number is Not Accept				-
ORANGE P 32073	PARK	FL	City			FL	Zip Code	e	
8. The above	named entity submits this statement for	or the purpose of changing its re		NGE PARK e or registered ac	gent, or both, in the State of		32003		
SIGNATURE .	ELIZABETH I NANA Signature, typed or printed name of registered agent		Registered Agent sig	gnature required when i	reinstating)	- 04/29/2	2001	<u></u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax file NOW!!! After MAY 1, 2001 Make Check Payable			1 Fee will be	\$550.00	10. Election Campaign			0 May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	Ai	DDITIONS/CHANGES TO	OFFICERS AND I	DIRECTORS	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NANA ELIZABETH I 1526 QUAIL WOOD CT. ORANGE PARK	☐ Delete FL 32073	TITLE NAME STREET ADDRE	VD NANA SS 1526 QUAI ORANGE	ELIZABETH I IL WOOD CT. PARK		Change 32003	Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANA RAFAEL C 1526 QUAIL WOOD CT. ORANGE PARK	Delete ,	TITLE NAME STREET ADDRE	PD NANA SS 1526 QUAI ORANGE	RAFAEL C IL WOOD CT. PARK		Change	Addition	CR2E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE	ss			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRES CITY-SY-ZIP	SS			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORES CITY-ST-ZIP				Change	Addition	
of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emport or on an attachment with an address, ***IRF*** Rafael Nana Jr.	s true and accurate and that my owered to execute this report a	i eimatiira ens	ill have the same Chapter 607, Flor	legal effect as if made unitida Statutes; and that my f		a an afficer	ar disastar	
SIGNAT		PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR		Pres 04/29/2001 Date	, . Dav	/time Phone #		

Date

Daytime Phone #