

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90111 001 \*\*\*150.00

**DOCUMENT # P99000053941**

1. Entity Name  
**AQUATIC RELEASE CONSERVATION, INC.**

Principal Place of Business  
**121 OGDEN BOULEVARD**  
**DAYTONA BEACH FL 32118**

Mailing Address  
**121 OGDEN BOULEVARD**  
**DAYTONA BEACH FL 32118**

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DICK, LYNDON S**  
**121 OGDEN BOULEVARD**  
**DAYTONA BEACH FL 32118**

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)  
 Signature, typed or printed name of registered agent and title if applicable. 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, 2002 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, LYNDON S		NAME		
STREET ADDRESS	121 OGDEN BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, JESS H		NAME		
STREET ADDRESS	121 OGDEN BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE	STD.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAABE, KRISTIN E		NAME		
STREET ADDRESS	608 NORTH TYMBER CREEK ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, DAVID H		NAME		
STREET ADDRESS	3929 S PENINSULA DR		STREET ADDRESS		
CITY-ST-ZIP	WILBUR BY THE SEA FL 32127		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: Lyndon S. Dick Lyndon S. Dick April 22, 2002 386-673-0060  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)