

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070499

1. Entity Name

AQUA VAULT, INC.

FILED

00 SEP 27 PM 12: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6127 ARTHUR AVE.
NEW PORT RICHEY FL 34653

Mailing Address

6127 ARTHUR AVE.
NEW PORT RICHEY FL 34653

2. Principal Place of Business

13021 DANIA ST
Suite, Apt. #, etc.

3. Mailing Address

13021 DANIA ST
Suite, Apt. #, etc.

City & State

Hudson Fla

City & State

Hudson Fla

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip Country
34667 PASCO

Zip Country
34667 PASCO

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

6. Name and Address of Current Registered Agent

MCCUBBINS, JEFFREY G
6127 ARTHUR AVE.
NEW PORT RICHEY FL 34653

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 Jeffrey G. McCubbins President Jeffrey Glenn McCubbins 8/25/30
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 Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCUBBINS, JEFFREY G	
STREET ADDRESS	6127 ARTHUR AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	STREYCKMANS, WALTER E	
STREET ADDRESS	6127 ARTHUR AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-10/06/00-0103-002
***550.00 ***550.00

SP

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: Jeffrey G. McCubbins 8/25/2000 728 858-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #