

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99 00085342**

1. Entity Name
AQUARIAN ANGLER INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90030 035 ***150.00

Principal Place of Business
310 VININGS WAY 8-108
DESTIN FLORIDA
32541

Mailing Address
P.O. Box 5553
DESTIN FL 32540

2. Principal Place of Business
310 VININGS WAY 8-108

3. Mailing Address
P.O. Box 5553

Suite, Apt. #, etc.

City & State
DESTIN FL.

City & State
DESTIN, FL

Zip
32541

Country
OKALOOSA

Zip
32540

Country
OKALOOSA

4. FEI Number
59-3617843

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ROBERT PENNINGTON IRBY WINDES
3813 INDIAN TRAIL
DESTIN, FL, 32541

7. Name and Address of New Registered Agent
Name **ROBERT PENNINGTON**
Street Address (P.O. Box Number is Not Acceptable)
310 VININGS WAY 8-108
City **DESTIN** **FL** Zip Code **32541**

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  DATE **4/29/00**

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

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, 2000 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

| | |
|---------------------------|---------------------------------|
| TITLE PRESIDENT | <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 | |
| 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 PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ROBERT R. PENNINGTON | |
| STREET ADDRESS 310 VININGS WAY 8-108 | |
| CITY-ST-ZIP DESTIN, FL 32541 | |
| 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 |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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: **ROBERT PENNINGTON**  DATE **4/29/00** DAYTIME PHONE # **850-217-6385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)