

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092004

1. Entity Name
AQUARIUS NATURE, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90071 033 ***150.00

Principal Place of Business
~~710 JUNG BOULEVARD WEST~~
~~NAPLES FL 34120~~

Mailing Address
710 JUNG BOULEVARD WEST
NAPLES FL 34120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
26270 S. TAMiami TRAIL

3. Mailing Address

Suite, Apt. #, etc.

City & State
ESTERO, FL

City & State

Zip
34120

Country
LEE

Zip

Country

4. FEI Number **59-8604661**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
JACKSON, WILLIAM W
710 JUNG BOULEVARD WEST
NAPLES FL 34120

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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JACKSON, CHAD S
710 JUNG BOULEVARD WEST
NAPLES FL 34120

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CR2E034 (10/00)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wm Jackson, PRES

4.25.01

352.2261