

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092929

1. Entity Name

AQUATICAM, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90147 008 ***150.00

Principal Place of Business

Mailing Address

2 TIMOR ST.
STUART FL 34996

2 TIMOR ST.
STUART FL 34996-6327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

965-0967495

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

CRANE, THOMAS M
2 TIMOR ST.
STUART FL 34996

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, 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	D	CRANE, THOMAS M	<input type="checkbox"/> Delete
NAME		2 TIMOR ST.	
STREET ADDRESS		STUART FL 34996	
CITY-ST-ZIP			
TITLE	D	CRANE, BROOKE J	<input type="checkbox"/> Delete
NAME		2 TIMOR ST.	
STREET ADDRESS		STUART FL 34996	
CITY-ST-ZIP			
TITLE	D	STANTON, KEVIN J	<input type="checkbox"/> Delete
NAME		2 TIMOR ST.	
STREET ADDRESS		STUART FL 34996	
CITY-ST-ZIP			
TITLE	D	ROGERS CRANE, ALISON	<input type="checkbox"/> Delete
NAME		2 TIMOR ST.	
STREET ADDRESS		STUART FL 34996	
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	DR. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CRANE BROOK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1832 MONROE	
STREET ADDRESS	Glenview, ILL. 60025	
CITY-ST-ZIP		
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1832 MONROE	
STREET ADDRESS	Glenview, IL 60025	
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" 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		

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 #

Thomas M. Crane
THOMAS M. CRANE

01/22/ 561-287-548