

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/21

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-21-2002 90877 009 ***150.00

DOCUMENT # **P99000099108**

1. Entity Name

Universal Aquatic Solutions Inc

92158

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1881 Crowley Cir

Longwood, FL

32719 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3608871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Brenda D. Larro

Street Address (P.O. Box Number is Not Acceptable)

1881 Crowley Circle East

City

Longwood

FL

Zip Code

32719

**DO NOT WRITE
IN THIS SPACE**

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

Brenda D. Larro / Brenda D. Larro

6/3/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**President
Michael Larro
1881 Crowley Circle
Longwood, FL 32719**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael C. Larro

27 April 02

**407
333-9111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #