2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am Secretary of State, P99000102014 DOCUMENT # 1. Entity Name 03-28-2002 90041 021 ***150.00 AQUA-SIZE, INC. Principal Place of Business Mailing Address 3268 53RD TERRACE N 3268 53RD TERRACE N ST PETERSBURG FL 33714 ST PETERSBURG FL 33714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3638036 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIZEMORE, JAMES A III-Street Address (P.O. Box Number is Not Acceptable) 3268 53RD TERRACE N ST PETERSBURG FL 33714 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE **PCEO** ☐ Delete TITLE ☐ Change NAME SIZÈMORE, JAMES A III NAME STREET ADDRESS 3268 53RD TERRACE N STREET ADDRESS ST PETERSBURG FL 33714 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BEINHORN, STEVE S NAME STREET ADDRESS STREET ADDRESS 2617 COVE CAY DR CITY-ST-ZIP CLEARWATER FL 33760 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME TOUCHTON, SHERYL NAME STREET ADDRESS 10965 TEMPLE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33722 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE: A

changed, or on an attachment with an address, with all other like empowered

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

FILED