## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000106507 FILED 1. Entity Name AQUALUX CORPORATION 00 DEC 27 AM 9: 16 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE. FLORIDA 15373 ROOSEVELT AVENUE 15373 ROOSEVELT AVENUE CLEARWATER FL 33760 CLEARWATER FL 33760 pal Place of Busines DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUZ JOHN E Street Address (P.O. Box Number is Not Acceptable) 706 NORTH GLENWOOD AVENUE **CLEARWATER FL 33755** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00. .9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5:00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax fifling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE \_\_\_\_Change ☐ Delete TITLE 0035291<sup>L5</sup>49-<u>-</u> 01/03/01--01022--017 LUX, JOHN E NAME NAME 706 NORTH GLENWOOD AVENUE STREET ADDRESS STREET ADDRESS \*\*\*\*750.00 \*\*\*\*750.00 **CLEARWATER FL 33755** CITY-ST-7IP CITY-ST-ZIP HVEF ZOW 01,0615 Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECRETARY TITYE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS \*\*\*\*\*8.75 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TIPED OR PRIVITED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/200 1

127 - 533 - 945 Defrume Phone #

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