

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 8:00 am
Secretary of State
 02-09-2001 90206 038 ***158.75

DOCUMENT # P99000106507

1. Entity Name

AQUALUX CORPORATION

Principal Place of Business

Mailing Address

15373 ROOSEVELT AVENUE
 #203
 CLEARWATER FL 33760

15373 ROOSEVELT AVENUE
 #203
 CLEARWATER FL 33760

2. Principal Place of Business

15373 ROOSEVELT AVE
 Suite, Apt. #, etc.
#203

3. Mailing Address

15373 ROOSEVELT AVE
 Suite, Apt. #, etc.
#203



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL
 Zip **33760** Country

City & State

CLEARWATER
 Zip **33760** Country

4. FEI Number

59-3631490

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUX, JOHN E
708 NORTH GLENWOOD AVENUE
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

LUX, JOHN E

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

708 NORTH GLENWOOD AVE

City

CLEARWATER

FL

Zip Code

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

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	P	<input type="checkbox"/> Delete
NAME	LUX, JOHN E	
STREET ADDRESS	708 NORTH GLENWOOD AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	MST	<input type="checkbox"/> Delete
NAME	XING, YA P	
STREET ADDRESS	15373 ROOSEVELT AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	MCT	<input type="checkbox"/> Delete
NAME	RICHARDSON, WILLIAM	
STREET ADDRESS	3035 HICKORY DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	MVP	<input type="checkbox"/> Delete
NAME	MCCLURE, CHARLES A	
STREET ADDRESS	701 BAYSHORE BLVD #201	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 an officer like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)