Department of State
Division of Corporations
Corporate Fillings
PO Box 6327 Tallahassee

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90164 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10084920

DOCUMENT # P99000108990

1. Entity Name
AQUATIC INSIGHTS, INC.

Principal Place of Business	Mailing Address
10049 SUNSET STRIP SUNRISE, FL 33322	11721 N.W. 43RD PLACE SUNRISE, FL 33323

2. Principal Place of Business	3. Mailing Address
11721 NW 43 Pl	11721 NW 43 Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise Fl	City & State: Sunrise Fl
Zip: 33323 Country: Broward	Zip: 33323 Country: Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0982494 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOSTEIN, ARNOLD T
315 S.E. 7TH STREET 1ST FLOOR
FT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NAY, JOHN W	NAME	
STREET ADDRESS	11721 N.W. 43RD PLACE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33323	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Nay 4/21/03 954 748-5561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #