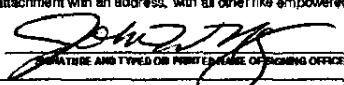


Department of State
Division of Corporations
Corporate Filings
PO Box 6327 Tallahassee

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)**

DOCUMENT # P99000108990		
1. Entity Name AQUATIC INSIGHTS, INC.		
Principal Place of Business 10049 SUNSET STRIP SUNRISE, FL 33322		Mailing Address 11721 N.W. 43RD PLACE SUNRISE, FL 33323
2. Principal Place of Business 11721 NW 43 P1		3. Mailing Address 11721 NW 43 P1
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Sunrise FL		City & State Sunrise FL
Zip 33323		Country Broward
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 316 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
A. 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 UBR is acceptable. (NOTE: Registered Agent signature required when changing)		
FILE NOW! FEE IS \$150.00 AND MAY 1, 2003 PAY WITH \$250.00 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 NAME STREET ADDRESS CITY-ST-ZIP D NAV, JOHN W 11721 N.W. 43RD PLACE SUNRISE, FL 33323 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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 included 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: 		4/21/03 954748-5861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

10084920



☐ CHECK HERE IF MAKING CHANGES

CR2E134 (10/02)