

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S79365

1. Entity Name

EXOTIC FISH, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90090 026 ***150.00

Principal Place of Business

4525 CPYRESS CREEK
ST. CLOUD FL 34771
US

Mailing Address

~~4525 CPYRESS CREEK~~
RANCHES ROAD
ST CLOUD FL 34771
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4525 Cypress Creek
Ranch Road

City & State

St. Cloud, FL ~~34771~~

Zip

34771-9036

Country

Oceola

4. FEI Number

59-3086531

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUQUESNAY, AUBREY A.
4525 CPYRESS CREEK RANCH RD.
ST. CLOUD FL 34771

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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DUQUESNAY, AUBREY A
4525 CPYRESS CREEK RANCH RD.
ST. CLOUD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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.

SIGNATURE:

Aubrey Duquesnay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/01 (407) 957-1888

CR2E034 (10/00)