

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90128 034 ***150.00

DOCUMENT # V26755

1. Entity Name
COX CONCRETE, INC.



Principal Place of Business
**5407 BOGGY CREEK RD.
ORLANDO FL 32824-9226**

Mailing Address
**5407 BOGGY CREEK RD.
ORLANDO FL 32824-9226**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3120797**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AFRICH, DARTLIN J
5407 BOGGY CREEK ROAD
ORLANDO FL 32824**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **VP** ☐ Delete
NAME **AFRICH, DARTLIN J**
STREET ADDRESS **5407 BOGGY CREEK ROAD**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **P** ☐ Delete
NAME **COX, DAVID**
STREET ADDRESS **406 OREGON AVE**
CITY-ST-ZIP **ST CLOUD FL**

TITLE **P** ☒ Change ☐ Addition
NAME **Cox, David**
STREET ADDRESS **3934 KNISER AVE.**
CITY-ST-ZIP **St. Cloud, FL. 34772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 70019867
#PD2000053105

AquaVentions Design, Inc

6660 Time Square ave
suite 105
Orlando, Florida 32835
(407) 849-Pool

February 22, 2003

Dear Sir / Madam

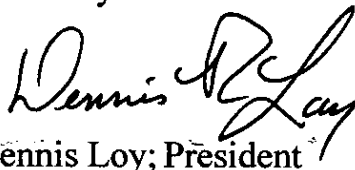
Please send me information and forms to file for a fictitious name.

We would like to apply for the fictitious name of
AquaVentions Pool Design, Inc

Also I have included \$ 8.75 for a "Certificate of Status"

The IRS issued our company a Federal I.D # 56-2300556
Will this # be posted on our Certificate and in records?

Sincerely



Dennis Loy; President