

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0015454 AV

DOCUMENT # J51292

1. Entity Name
AQUA INVESTMENT COMPANY OF PALM COAST

02-11-2002 90016 036 ***150.00

Principal Place of Business Mailing Address
13 UTILITY DRIVE **13 UTILITY DRIVE**
P.O. BOX 350814 **P.O. BOX 350814**
PALM COAST FL 32135-7814 **PALM COAST FL 32135-7814**

00021116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2857411		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
AMARAL, ANTONIO 13 UTILITY DRIVE PALM COAST FL 32137				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) <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 ✓ After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State ✓</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARAL, ANTONIO	NAME		NAME		NAME	
STREET ADDRESS	2 CENTER PLACE 9 Cottonwood Ct	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME	AMARAL, MARIA	NAME		NAME		NAME	
STREET ADDRESS	2 CENTER PLACE 9 Cottonwood Ct	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME	AMARAL, DAVID	NAME		NAME		NAME	
STREET ADDRESS	2 CENTER PLACE 9 Cottonwood Ct.	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: *Antonio Amaral* *1/25/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # **386 445-9393**

CR2E034 (9/01)