

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

7/1

07-14-2003 90322 013 \*\*\*\*\*50.00

**DOCUMENT # L02000008491**

1. Entity Name

**AQUAPURE SOLUTIONS, LLC**



Principal Place of Business

214 N. VOLUSIA AVE.  
ORANGE CITY FL 32763

Mailing Address

214 N. VOLUSIA AVE.  
ORANGE CITY FL 32763

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

75-3041138

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**55052080**

6. Name and Address of Current Registered Agent

**A1A CORPORATE SERVICES INC.**  
**218 SOUTHERN COUNTRY LANE**  
**QUINCY FL 32351**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CASASSA, PAUL	
STREET ADDRESS	250 ADELAIDE ST.	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WEST, WILLIAM R	
STREET ADDRESS	200 LAKE MOLLY AVE.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WEST, CARA L.	
STREET ADDRESS	200 LAKE MOLLY AVE.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CASASSA, MARY LOU	
STREET ADDRESS	250 ADELAIDE ST.	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/7/03

386.774-2782

CR2E083 (4/03)