

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90064 002 \*\*\*150.00

0582955

**DOCUMENT # P96000002265**

1. Entity Name

**AQUAPURE ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

2000 ROYAL MARCO WAY  
 303  
 MARCO ISLAND FL 34145  
 US

P.O. BOX 1516  
 MARCO ISLAND FL 34146  
 US

2. Principal Place of Business

3. Mailing Address

1212 LAMPLIGHTER CT.  
 Suite, Apt. #, etc.

P.O. BOX 1516  
 Suite, Apt. #, etc.

City & State

City & State

MARCO ISLAND, FL

MARCO ISLAND, FL

Zip Country  
 34145 USA

Zip Country  
 34146 USA

4. FEI Number **65-0630162**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

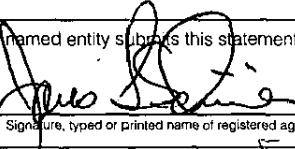
7. Name and Address of New Registered Agent

SCHIERING, JAMES L  
 2000 ROYAL MARCO WAY #303  
 MARCO ISLAND FL 33937

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



JAMES L. SCHIERING

3/20/01  
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

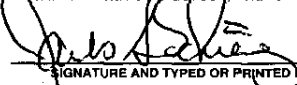
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	SCHIERING, BARBARA G	2000 ROYAL MARCO WAY #303	MARCO ISLAND FL 34145	<input type="checkbox"/>
VPS	SCHIERING, JAMES	2000 ROYAL MARCO WAY #303	MARCO ISLAND FL 34145	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	(Address <input type="checkbox"/> Change) <input type="checkbox"/> Addition
PT	SCHIERING, BARBARA G.	1212 LAMPLIGHTER CT.	MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/>
VPS	SCHIERING, JAMES	1212 LAMPLIGHTER CT.	MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:



JAMES L. SCHIERING

3/20/01  
 Date

941 642 1191  
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)