2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
04-07-2002 90576 048 ***150.00

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DOCUMENT # P96000002265

1. Entity Name
~~AQUAPURE ENTERPRISES, INC.~~ SCHIERING Enterprises, Inc.

Principal Place of Business	Mailing Address
1212 LAMPLIGHTER CT MARCO ISLAND FL 34145 US	P.O. BOX 1516 MARCO ISLAND FL 34146 US

759602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1212 Lamplighter Ct.	P.O. Box 1516
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marco Island, FL	City & State: Marco Island, FL
Zip: 34145 Country: USA	Zip: 34146 Country: 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 JAMES L. SCHIERING Regist 3/28/02
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, 2002 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	PT SCHIERING, BARBARA G 1212 LAMPLIGHTER CT MARCO ISLAND FL 34145	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS SCHIERING, JAMES 1212 LAMPLIGHTER CT MARCO ISLAND FL 34145	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: Barbara G. Schiering BARBARA G. SCHIERING, PRESIDENT 3/28/02 (941) 642-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #