

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 459731

1. Entity Name

AQUA-SOFT REFINED WATER, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90032 007 \*\*\*150.00

Principal Place of Business <b>7435 U S 19 NEW PORT RICHEY FL 34652</b>	Mailing Address <b>7435 U S 19 NEW PORT RICHEY FL 34652</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1547723</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DUNLEAVY, JAMES J  
7435 U S 19  
NEW PORT RICHEY FL 33552**

7. Name and Address of New Registered Agent

Name **DUNLEAVY John D**  
Street Address (P.O. Box Number is Not Acceptable)  
**6081 KIMBAL CT  
SPRING HILL, FL**  
City **FL** Zip Code **34606**

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 \_\_\_\_\_ (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"/>	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DUNLEAVY, JOHN</b> <b>911 KENTFIELD</b> <b>NEW PORT RICHEY, FL 33552</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P P</b> <b>DUNLEAVY, JOHN D</b> <b>6081 KIMBAL CT</b> <b>SPRING HILL, FL 34606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DUNLEAVY, ROSE MARY</b> <b>1941 GEORGIA STREET</b> <b>ENGLEWOOD, FL 33533</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAT</b> <b>DUNLEAVY, JAMES J</b> <b>6081 KIMBAL CT</b> <b>SPRING HILL, FL 34606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DUNLEAVY, JAMES J</b> <b>1941 GEORGIA STREET</b> <b>ENGLEWOOD, FL 33533</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **John D Dunleavy** 3/8/00 -727-842-6866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)