FILED
May 29, 2002 8:00 am
Secretary of State
04-28-2002 90773 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F86481

1. Entity Name
PURE DRINKING WATER SYSTEMS INC.
DBA AQUALUX Water Center

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
627 Tortoise WAY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SATELLITE BEACH FL	City & State
Zip: 32937 Country	Zip Country

4. FEI Number 59-2205434 (15-23-031395-58-9 struck out) ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Julia W. Collins
Street Address (P.O. Box Number is Not Acceptable): 627 TORTOISE WAY
City: SATELLITE Beach FL Zip Code: 32937

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: Julia W. Collins 04/08/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Julia W. Collins PRESIDENT 627 Tortoise WAY SATELLITE Beach, FL 32937	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034E (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Julia W. Collins 04/08/02 (321)777-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #