

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G95796

1. Entity Name

ULTRA/PURE WATER, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

04-14-2000 90126 005 ***150.00

Principal Place of Business Mailing Address
PIKE ROAD 1902 SO CLUB DR
PALM BCH. FL 33411-0855 WEST PALM BEACH FL 33414
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2397288		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip		Zip					
Country		Country					

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
STENGER, LAWRENCE 1902 SO CLUB DR WELLINGTON FL 33414				Name - JOHN STENGER			
				Street Address (P.O. Box Number is Not Acceptable)			
				1392 SW KNOLLWOOD DR.			
				City PALM CITY FL Zip Code 34990			

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 *Lawrence Stenger* (X) *John Stenger* DATE 5-5-00

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) <input type="checkbox"/>	FILE NOW!!! FEES \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME STENGER, LAWRENCE STREET ADDRESS 1902 SO CLUB DR CITY-ST-ZIP WELLINGTON FL 33414	<input type="checkbox"/> Delete	TITLE PD NAME STENGER, LAWRENCE STREET ADDRESS 2540 ELLIJAY RD CITY-ST-ZIP FRANKLIN, NC 28734	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME HENNINGMANN, JORG STREET ADDRESS 832 PIKE ROAD CITY-ST-ZIP W PALM BEACH FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME STENGER, JOHN STREET ADDRESS 832 PIKE ROAD CITY-ST-ZIP WEST PALM BEACH FL 33411	<input type="checkbox"/> Delete	TITLE ST NAME STENGER, JOHN STREET ADDRESS 1392 SW KNOLLWOOD DR CITY-ST-ZIP PALM CITY, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lawrence Stenger* 4/10/00 828/369-5343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)