

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90116 048 ***150.00

DOCUMENT # G95796

1. Entity Name
ULTRA/PURE WATER, INC.



Principal Place of Business
**832 PIKE ROAD
W PALM BCH. FL 33411-0855**

Mailing Address
**LAWRENCE STENGER
2540 ELLIJAY ROAD
FRANKLIN NC 28784
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2397288**

Applied For

Not Applicable

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

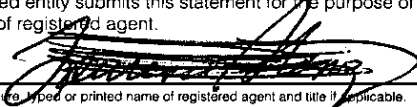
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STENGER, JOHN
1342 SW KNOLLWOOD DRIVE
PALM CITY FL 34990**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **STENGER, LAWRENCE**
STREET ADDRESS **1902 SO CLUB DR**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **→ SAME** ☒ Change ☐ Addition
NAME **2540 ELLIJAY RD.**
STREET ADDRESS **FRANKLIN, NC 28784**
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **HENNINGMANN, JORG**
STREET ADDRESS **832 PIKE ROAD**
CITY-ST-ZIP **W PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **STENGER, JOHN**
STREET ADDRESS **832 PIKE ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **→ SAME** ☒ Change ☐ Addition
NAME **1342 SW KNOLLWOOD DR.**
STREET ADDRESS **PALM CITY, FL 34990**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 1, 2003** Daytime Phone #

CR2E034 (10/02)