

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90060 012 ***150.00

0357248

DOCUMENT # H70990

1. Entity Name

INNOVA/PURE WATER, INC.

Principal Place of Business

**13130 56TH COURT
SUITE #605
CLEARWATER FL 33760
US**

Mailing Address

**13130 56TH COURT
SUITE #605
CLEARWATER FL 33760
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 609

City & State

Suite, Apt. #, etc.

SUITE 609

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2567034

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

**NOHREN, JOHN E., JR.
13130 56TH COURT
SUITE #605
CLEARWATER FL 33760**

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, PETER	
STREET ADDRESS	13130 56 CT STE 605	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	NOHREN, JOHN E. JR	
STREET ADDRESS	13130 56 CT STE 605	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEGNAIOLI, FRANK P.	
STREET ADDRESS	13130 56 CT STE 605	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SMITH, ROSE C	
STREET ADDRESS	13130 56 CT STE 605	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENBERG, ANDREW	
STREET ADDRESS	13130 56 CT STE 605	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGER, MORT	
STREET ADDRESS	13130 56 CT STE 605	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMMANUEL MERSIS	
STREET ADDRESS	13130 56TH COURT, STE. 609	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert M. Connell

ROBERT M. CONNELL, CONTROLLER 4/12/2001 (727)572-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)