## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 1 0100014181

| 1. Entity Name  ALIVE WATER TECHNOLOGY. |                                      |  |
|---|--------------------------------------|--|
| Principal Place of Business             | Mailing Address                      |  |
| 4321 MONTALYO CT.<br>NAPLES FL 34109    | 4321 MONTALVO CT.<br>NAPLES FL 34109 |  |
| 2. Principal Place of Business          | 3. Mailing Address                   |  |
| Suite, Apt. #, etc.                     | Suite, Apt. #, etc.                  |  |

## FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90005 023 \*\*\*\*50.00

| ALIVE WA  | TER TECHNOLOGY, LLC  |                                      |                   |                               |                   |  |                          |                                   |                             |
|---|--|--------------------------------------|-------------------|-------------------------------|-------------------|--|--------------------------|-----------------------------------|-----------------------------|
| 4321 MONTALV  | rincipal Place of Business Mailing Address  121 MONTALVO CT.  APLES FL 34109 NAPLES FL 34109 |                                      |                   |                               |                   |  |                          |                                   |                             |
| 2. Principal P  | lace of Business   | 3. Mailing Address                   |                   |                               |                   |  |                          |                                   |                             |
|   |  |                                      |                   |                               | ] ( 60116         | 14 <b>0</b> 01 <b>00</b> 101 1404 0015 00111 | 99111 <b>4010</b> 1 1101 | 11 <b>015E)</b> 110 <b>0</b> ( 10 | 1181 1181 1881              |
| Suite, Apt. #, etc. Suite, Ap                         |  | Suite, Apt. #, etc.                  | ite, Apt. #, etc. |                               |                   | ☐ CHECK HERE I                               | F MAKING                 | CHANGES                           |                             |
| City & State City & State                             |  | City & State                         | State             |                               | 4. FEI Numb       | oer <b>04-36 1946</b> 9                      | )                        |                                   | oplied For<br>ot Applicable |
| Zip   | Country  | Zíp                                  | Coun              | try                           | 5. Certificat     | e of Status Desired                          |                          | \$5.00 Add                        |                             |
|   | 6. Name and Address of Curre   | nt Registered Agent                  | 1:                |                               | 7. Name an        | d Address of New Re                          |                          |                                   |                             |
| TIOL  | IV WERNED  |                                      |                   | Name                          |                   |  | <u> </u>                 |                                   |                             |
| TICHY, WERNER<br>4321 MONTALVO CT.<br>NAPLES FL 34109 |  |                                      | Street Address    |                               | P.O. Box Numb     | per is Not Acceptable)                       |                          |                                   |                             |
| IVAF  | LEO FL 34109   |                                      |                   |                               |                   |  |                          |                                   |                             |
|   |  |                                      |                   | City                          |                   | <del></del>                                  | FL                       | Zip Cod                           | ie                          |
|   | named entity submits this statemen ions of registered agent.                                 | t for the purpose of changing it     | ts registere      | ed office or register         | red agent, or bo  | oth, in the State of Flor                    | ida. I am fa             | amiliar with,                     | and accept                  |
| SIGNATURE .   |  |                                      |                   |                               |                   |  |                          |                                   |                             |
| SIGNATURE .   | Signature, typed or printed name of registered ag  | ent and title if applicable. (NO     | TE: Registere     | d Agent signature required    | when reinstating) |  | DATE                     |                                   |                             |
|   |  |                                      |                   | FEE IS \$50.00                |                   |  |                          |                                   |                             |
|   |  | Make Check Payat                     |                   | orida Departmei<br>ay 1, 2003 | nt of State       |  |                          |                                   |                             |
| 9.  | MANAGING MEM   | BERS/MANAGERS                        | 10.               |                               |                   | ADDITIONS/                                   | CHANGES                  |                                   |                             |
| TITLE   | MGRM   | Delete                               | TITLE             | : -                           |                   | ADDITIONS                                    | J. IAINGLO               | ☐ Change                          | Addition                    |
| NAME  | TICHY, WERNER  |                                      | NAMI              | į.                            |                   |  |                          |                                   |                             |
| STREET ADDRESS<br>CITY-ST-ZIP                         | 4321 MONTALVO CT<br>NAPLES FL 34109  |                                      |                   | ET ADDRESS<br>-ST-ZIP         |                   |  |                          |                                   |                             |
| TITLE   | TVAI LLO 1 2 34109   | ☐ Delete                             | TITLE             |                               |                   |  |                          | ☐ Change                          | ☐ Addition                  |
| NAME  |  |                                      | NAM               | E                             |                   |  |                          |                                   |                             |
| STREET ADDRESS  |  |                                      |                   | ET ADDRESS                    |                   |  |                          |                                   |                             |
| CITY-ST-ZIP   |  | ☐ Delete                             | TITLE             | -ST-ZIP                       | <u></u>           | ر در منها را شار در در                       |                          | ☐ Change                          | ☐ Addition                  |
| NAME  |  | □ Delete                             | NAM               | 1                             |                   | •  |                          | Change                            | Addition                    |
| STREET ADDRESS  |  |                                      | STRE              | ET ADDRESS                    |                   |  |                          |                                   |                             |
| CITY-ST-ZIP   |  |                                      | CiTY              | -ST-ZIP                       |                   |  |                          |                                   |                             |
| TITLE<br>NAME   |  | ☐ Delete                             | TITLE             |                               |                   |  |                          | ☐ Change                          | ☐ Addition                  |
| STREET ADDRESS  |  |                                      |                   | ET ADDRESS                    |                   |  |                          |                                   |                             |
| CITY-ST-ZIP   |  |                                      |                   | -ST-ZIP                       |                   |  |                          |                                   |                             |
| TITLE   | <del></del>  | ☐ Delete                             | ШЕ                |                               |                   |  |                          | ☐ Change                          | ☐ Addition                  |
| NAME  |  |                                      | NAMI              |                               |                   |  |                          |                                   |                             |
| STREET ADDRESS  |  |                                      |                   | ET ADDRESS                    |                   |  |                          |                                   |                             |
| CITY-ST-ZIP   |  |                                      |                   | -ST-ZIP                       |                   |  |                          |                                   |                             |
| TITLE<br>NAME   |  | ☐ Delete                             | TITLE             | 1                             |                   |  |                          | ☐ Change                          | ☐ Addition                  |
| STREET ADDRESS  | •  |                                      |                   | ET ADDRESS                    |                   |  |                          |                                   |                             |
| CITY-ST-ZIP   |  |                                      | CITY-             | ·ST-ZIP                       |                   |  |                          |                                   |                             |
| 11. I hereby o  | certify that the information supplied v  | with this filing does not qualify to | or the exer       | mption stated in Se           | ection 119.07(3)  | (i). Florida Statutes I                      | further certi            | ify that the ir                   | oformation                  |

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANA

ER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #