

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90185 042 ***550.00

DOCUMENT # L15520

1. Entity Name

PURE H2O BIO-TECHNOLOGIES, INC.

Principal Place of Business

3100 SOUTH CONGRESS AVENUE
 BOYNTON BEACH FL 33426

Mailing Address

3100 SOUTH CONGRESS AVENUE
 BOYNTON BEACH FL 33426

2. Principal Place of Business

1564 NW 1st Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

Country

33432

USA

Country

Country

4. FEI Number

65-0146714

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DOXEY, JOSEPH P.

3100 S. CONGRESS AVENUE
 BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

DOXEY, JOSEPH P.

Street Address (P.O. Box Number is Not Acceptable)

1564 NW 1st Avenue

City

BOCA RATON

FL

Zip Code

33432

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

Joseph P. Doxey, President

6/30/02

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

| | | |
|----------------|------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DOXEY, JOSEPH P | |
| STREET ADDRESS | 3100 SOUTH CONGRESS AVENUE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33426 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MAZZIOTTI, LOUIS J. | |
| STREET ADDRESS | 248 THREE ISLANDS BLVD. #307 | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MAZZIOTTI, JOSEPH A. | |
| STREET ADDRESS | 1019 ANCHORAGE WOOD CIRCEL | |
| CITY-ST-ZIP | LOUISVILLE KY 40223 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | KEIHNER, BRUCE W | |
| STREET ADDRESS | 3100 S. CONGRESS AVENUE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33426 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | |
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| 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:

Joseph P. Doxey, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/02 561 477-0485

Date

Daytime Phone #

CR2E034 (9/01)