

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 28, 2002 8:00 am  
Secretary of State

02-28-2002 90057 009 \*\*\*158.75

DOCUMENT # L27811

1. Entity Name  
**PONCE DE LEON, "FOUNTAIN OF YOUTH", SPRING WATER COMPANY**

Principal Place of Business

1307 WHITEHEAD STREET  
APT. #1  
KEY WEST FL 33040  
US

Mailing Address

ROBERT E LEVESQUE, JR  
16 MAPLE STREET  
WILTON NH 03086  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0160225

Applied For  
☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVESQUE, ROBERT JR. E  
1307 WHITEHEAD STREET  
SUITE #1  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Dorothy D Levesque

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

1615 LAIRD ST

City

Key West

FL

Zip Code

33040

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

Robert E To Dorothy D Levesque

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

(NOTE: Registered Agent signature required when resigning)

DATE

2-13-02

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  
NAME LEVESQUE, ROBERT E JR.  
STREET ADDRESS 16 MAPLE STREET  
CITY-ST-ZIP WILTON NH 03086 ☒ Delete

TITLE VPS  
NAME LEVESQUE, DOROTHY  
STREET ADDRESS 16 MAPLE STREET  
CITY-ST-ZIP WILTON NH 03086 ☒ Delete

TITLE D  
NAME LEVESQUE, AMANDA D  
STREET ADDRESS 16 MAPLE ST  
CITY-ST-ZIP WILTON NH 03086 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME Dorothy D. Levesque ☒ Change ☐ Addition  
STREET ADDRESS 1615 LAIRD ST  
CITY-ST-ZIP Key West FL 33040

TITLE VPS  
NAME AMANDA D. Levesque ☒ Change ☐ Addition  
STREET ADDRESS 1615 LAIRD ST  
CITY-ST-ZIP Key West FL 33040

TITLE D  
NAME Robert E. Levesque Jr. ☒ Change ☐ Addition  
STREET ADDRESS 1615 LAIRD ST  
CITY-ST-ZIP Key West FL 33040

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

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

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

*Dorothy D Levesque*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY D. LEVESQUE 2/13/02 305294-1403

Date

Daytime Phone #

CR2E034 (9/01)