

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L27811

FILED
Apr 22, 2003
Secretary of State

Entity Name: PONCE DE LEON, "FOUNTAIN OF YOUTH", SPRING WATER COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PONCE DE LEON, INC
PO BOX 4952, 1615 LAIRD STREET
KEY WEST, FL 33041 US

New Mailing Address:

PONCE DE LEON FOUNTAIN OF YOUTH
468 LOBELIA RD
ST. AUGUSTINE, FL 32086 US

FEI Number: 65-0160225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVESQUE, DOROTHY D
1615 LAIRD STREET
KEY WEST, FL 33040

Name and Address of New Registered Agent:

LEVESQUE, DOROTHY D
468 LOBELIA RD
ST. AUGUSTINE, FL 32086

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:

04/22/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: LEVESQUE, DOROTHY D
Address: 1615 LAIRD STREET
City-St-Zip: KEY WEST, FL 33040

Title: VPS () Delete
Name: LEVESQUE, AMANDA D
Address: 1615 LAIRD STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: LEVESQUE, ROBERT E
Address: 1615 LAIRD STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: LEVESQUE, DOROTHY D
Address: 468 LOBELIA RD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VPSD (X) Change () Addition
Name: LEVESQUE, AMANDA D
Address: 468 LOBELIA RD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: LEVESQUE, ROBERT E
Address: 468 LOBELIA RD
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY D. LEVESQUE

PTD

04/22/2003

Electronic Signature of Signing Officer or Director

Date