

2001 UNIFORM BUSINESS REPORT (UBR)

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

07-17-2001 90005 043 ***150.00

009637 AV

DOCUMENT # L29195

1. Entity Name

THE BEST DRINKING WATER COMPANY

Principal Place of Business

**3830 TANGIER TERRACE
 SARASOTA FL 34239
 US**

Mailing Address

**3830 TANGIER TERRACE
 SARASOTA FL 34239
 US**

2. Principal Place of Business

**1233 N. Gulf Stream Ave
 Suite, Apt. #, etc.
 1203**

3. Mailing Address

**1233 N. Gulf Stream Ave
 Suite, Apt. #, etc.
 Apt 1203**

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34236

Country

US

Zip

34236

Country

SARASOTA

6. Name and Address of Current Registered Agent

**MOLNAR, RUDOLF
 3830 TANGIER TERRACE
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **MOLNAR, RUDOLF**
 STREET ADDRESS **3830 TANGIER TERRACE**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
#L29195
A001058

Please waive my 400 hundred dollars
fee, because I moved and I didn't
got the notice.

Thank you very much

Sincerely --

Rudolf Klaus