

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90188 012 ***150.00

DOCUMENT # L42709

1. Entity Name

AQUA SPRINGS NATURAL WATER CORP.

Principal Place of Business

Mailing Address

520 NW 77TH STREET
BOCA RATON FL 33487
US

520 NW 77TH ST
BOCA RATON FL 33487
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0172290

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBANESE, RICHARD
~~520 NW 77TH STREET~~
BOCA RATON FL 33487

Name

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

514 NE 77TH STREET

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

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

Just Address # Change
(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALBANESE, RICHARD E.	
STREET ADDRESS	19498 BLACK OLIVE LN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ALBANESE, SHELLEY	
STREET ADDRESS	19498 BLACK OLIVE LN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOSKING, CHRISTIAN	
STREET ADDRESS	3728 MIRAMONTES CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl Hosking	
STREET ADDRESS	407 SE 4TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	407 SE 4TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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		
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

Richard Albanese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)