FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am § Secretary of State DOCUMENT # 42709 1. Entity Name 04-18-2002 90476 029 ***150.00 AQUA SPRINGS NATURAL WATER CORP. Principal Place of Business Mailing Address ,520 NW 77TH ST 520 NW 77TH STREET **BOCA RATON FL 33487 BOCA RATON FL 33487** IIS 3.- Mailing Address 2. Principal Place of Business-514 NW 514 NW 77TH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0172290 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALBANESE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 514 NE 77TH STREET **BOCA RATON FL 33487** Zip Code City FL 8. The above named entity purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. SAME_ Change TITLE TITLE ☐ Delete ALBANESE, RICHARD E. NAME 9848 GRAND VERDE WY AprillO8 NAME STREET ADDRESS STREET ADDRESS 19498 BLACK OLIVE LN BOCA RATON FL 33428 CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP TITLE Addition ☐ Delete TITLE NAME NAME HOSKING, CHERYL STREET ADDRESS STREET ADDRESS **407 SE 4TH AVENUE** CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** Change ☐ Addition ☐ Delete TITLE TITLE HOSKING, CHRISTIAN NAME NAME STREET ADDRESS STREET ADDRESS 407 SE 4TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change · ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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 attack

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR