


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90038 025 \*\*\*\*61.25

<b>DOCUMENT # N02000003067</b>					
1. Entity Name <b>MISSION LIVING WATER, INC.</b>					
Principal Place of Business <b>1467 N LAVINA ST NORTH PORT FL 34286</b>			Mailing Address <b>1467 N LAVINA ST NORTH PORT FL 34286</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FE Number <b>81-1411914</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PAVLYUK, FIODOR J</b> <b>1467 N LAVINA ST</b> <b>NORTH PORT FL 34286</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>After September 10, 2003, min will be \$236.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAVLYUK, FIODOR J</b>		NAME		
STREET ADDRESS	<b>1467 N LAVINA ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH PORT FL 34286</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAVLYUK, VIKTOR</b>		NAME	<b>PAVLUKE, GEORGE VIKTOR</b>	
STREET ADDRESS	<b>3743 S CHAMBERLAIN BLVD</b>		STREET ADDRESS	<b>3743 S CHAMBERLAIN BLVD</b>	
CITY-ST-ZIP	<b>NORTH PORT FL 34286</b>		CITY-ST-ZIP	<b>NORTH PORT, FL 34286</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHTCHAVLINSKI, IRINA P</b>		NAME		
STREET ADDRESS	<b>1735 STIMMEL ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH PORT FL 34286</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<b>TRSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>GP Auto Sales LLC</b>	
STREET ADDRESS			STREET ADDRESS	<b>23440 Jonie Ave #18</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Port Charlotte, FL 33980</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u><b>IRINA P CHTCHAVLINSKI</b></u> <b>REQUIRE SIGNATURE VIKTOR PAVLUKE</b> <b>71403</b> <b>(94)429-2297</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

44005717



☒ CHECK HERE IF MAKING CHANGES

CR2037 (4/03)

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # N02000003067

1. Entity Name

MISSION LIVING WATER, INC



Principal Place of Business

1467 N LAVINA ST  
NORTH PORT FL 34286

Mailing Address

1467 N LAVINA ST  
NORTH PORT FL 34286

44005717

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

61-1411914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAVLYUK, FIODOR J

1467 N LAVINA ST  
NORTH PORT FL 34286

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PAVLYUK, FIODOR J  
STREET ADDRESS 1467 N LAVINA ST  
CITY-ST-ZIP NORTH PORT FL 34286 ☐ Delete

TITLE V  
NAME PAVLYUK, VIKTOR  
STREET ADDRESS 3743 S CHAMBERLAIN BLVD  
CITY-ST-ZIP NORTH PORT FL 34286 ☐ Delete

TITLE ST  
NAME CHTCHAVLINSKI, IRINA P  
STREET ADDRESS 1735 STIMMEL ST  
CITY-ST-ZIP NORTH PORT FL 34286 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE V  
NAME PAVLuke GEORGE VICTOR  
STREET ADDRESS 3743 S CHAMBERLAIN BLVD  
CITY-ST-ZIP NORTH PORT, FL 34286 ☒ Change ☐ Addition

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

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

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SIGNATURE:

REQUIRE GEORGE VICTOR PAVLuke 07-28-03 (941) 429-2297

CR2E037 (10/02)

0091664