

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90043 006 ***150.00

DOCUMENT # P00000050474

1. Entity Name

TECH-PURE WATER COOLERS, INC.

Principal Place of Business

**8420 ULMERTON RD STE 412
 LARGO FL 33771**

Mailing Address

**8420 ULMERTON RD STE 412
 LARGO FL 33771**

2. Principal Place of Business

#259-3665 EAST BAY DR.

3. Mailing Address

#259-3665 EAST BAY DR.

Suite, Apt. #, etc.

STE 204

Suite, Apt. #, etc.

STE 204

City & State

LARGO FL

City & State

LARGO FL

Zip

33771

Country

FLORIDA

Zip

33771

Country

FLORIDA

4. FEI Number

59-3647179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SCHOLTZ, DEBBORAH S

**8420 ULMERTON RD STE 412
 LARGO FL 33771**

7. Name and Address of New Registered Agent

Name

SCHOLTZ, DEBBORAH S

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

1606 WALNUT ST.

City

CLEARWATER, FL

FL

Zip Code

33755

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

Deborah S. Scholtz

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 \$150.00
 After May 1, 2002 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

TITLE **D** ☐ Delete
 NAME **SCHOLTZ, DEBBORAH S**
 STREET ADDRESS **1606 WALNUT STREET E 412**
 CITY-ST-ZIP **CLEARWATER FL 33775**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D/P/S ☒ Change ☐ Addition
SCHOLTZ, DEBBORAH S
1606 WALNUT ST.
CLEARWATER, FL 33755

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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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:

Deborah S. Scholtz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)