

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90044 007 \*\*\*150.00

0032283 AV

DOCUMENT # P00000056446

1. Entity Name  
FOUNTAIN OF YOUTH WATER FILTERS INC.



Principal Place of Business  
3229 N.STATE RD 7  
MARGATE FL 33063

Mailing Address  
3229 N.STATE RD 7  
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1047087

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALABRESE, LOUIS  
4250 GALT OCEAN DR.  
#1A  
FT. LAUDERDALE FL 33308

4020 PALM AIRE DR W.  
APT. 106  
POMPANO BEACH, FL  
33069

Name: Louis CALABRESE  
Street Address (P.O. Box Number is Not Acceptable)  
4020 PALM-AIRE DR. W. APT-106  
City: Pompano Beach FL Zip Code 33069

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 *Louis Calabrese*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CALABRESE, LOUIS	
STREET ADDRESS	4250 GALT OCEAN DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	P.	<input type="checkbox"/> Delete
NAME	LOUIS CALABRESE	
STREET ADDRESS	4020 PALM AIRE DR W. APT 106	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 607, 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: *Louis Calabrese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03 954 978 3115  
Date Daytime Phone #

CR20034 (4/03)