

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90080 037 ***158.75

0504954 AV

DOCUMENT # P01000061010

1. Entity Name
NAPLES PURE WATER, INC.

Principal Place of Business
2430 GOLDEN GATE BLVD. E.
NAPLES FL 34120

Mailing Address
2430 GOLDEN GATE BLVD. E.
NAPLES FL 34120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2430 GOLDEN GATE BLVD E.

Suite, Apt. #, etc.
N/A

3. Mailing Address
2430 GOLDEN GATE BLVD E.

Suite, Apt. #, etc.
N/A

City & State
NAPLES FLA

City & State
NAPLES FLA

4. FEI Number
24675-6462

☒ Applied For
☐ Not Applicable

Zip
34120

Country
USA

Zip
34120

Country
USA

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

6. Name and Address of Current Registered Agent

MCEL RATH, DAVID PA
3838 TAMiami TRAIL N., #410
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name **MICHAEL BELYEA**
 Street Address (P.O. Box Number is Not Acceptable)
2430 GOLDEN GATE BLVD E.
 City **NAPLES FLA** FL Zip Code **34120**

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

Michael Belyea

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

(NOTE: Registered Agent signature required when reinstating)

2-11-02

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 **BELYEA, MICHAEL**
 STREET ADDRESS **2430 GOLDEN GATE BLVD. E.**
 CITY-ST-ZIP **NAPLES FL 34120**

TITLE **D** ☐ Delete
 NAME **MAGNUSON, ROY G**
 STREET ADDRESS **2 WINADA PLACE**
 CITY-ST-ZIP **RIVERVALE NJ 07675**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

Michael Belyea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-348-3121

CR2E034 (9/01)