

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90912 047 \*\*\*150.00

DOCUMENT # **PO1000115052**

1. Entity Name

**ALL PURE WATER SYSTEMS  
OF SOUTHERN FLORIDA, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**6767 SAN CASA Dr # 42**

Suite, Apt. #, etc.

3. Mailing Address

**(Same)**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Englewood**

City & State

**FL**

4. FEI Number

**26-0010035**

Applied For

Not Applicable

Zip

**34224**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**RUTH BLUMENTHAL**

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

**6767 SAN CASA DR # 42**

City

**ENGLEWOOD**

**FL**

Zip Code

**34224**

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

**Ruth E. Blumenthal**

**4-9-02**

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Pres  
ANTHONY BLUMENTHAL  
6767 SAN CASA DR # 42  
ENGLEWOOD FL 34224**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
RUTH E. Blumenthal  
6767 SAN CASA DR # 42  
ENGLEWOOD FL 34224**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Ruth E. Blumenthal**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-02 941-475-4111**

Date

Daytime Phone #

CR2E034B (12/01)