

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90187 014 ***150.00

DOCUMENT # P02000034084

1. Entity Name
THE LIVING WATERS GROUP, INC.



Principal Place of Business
**301 E PINE STREET
150
ORLANDO, FL 32801**

Mailing Address
**1517 E HILLCREST STREET
ORLANDO FL 32803**



2. Principal Place of Business

3. Mailing Address
PO Box 720996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
Orlando FL

4. FEI Number
020578387

Applied For
Not Applicable

Zip

Country

Zip
32872 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMALLEY & COMPANY, P.A.
1517 E HILLCREST STREET
ORLANDO FL 32803**

Name
Diane Osborne
Street Address (P.O. Box Number is Not Acceptable)
3107 Holland Dr.
City
Orlando FL **32825**

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 *Diane Y Osborne*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/1/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BIRCKHEAD, JUDITH T
3107 HOLLAND DRIVE
ORLANDO FL 32825** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7328 Gateshead Circle Apt 5
Orlando FL 32822** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
OSBORNE, DIANE Y
3107 HOLLAND DRIVE
ORLANDO FL 32825** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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

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: *Diane Y Osborne* **Diane Y Osborne** **4/1/03** **321-231-4410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)