

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 21, 2003 8:00 am
Secretary of State

04-30-2003 90043 004 ***150.00

DOCUMENT # P02000116035

1. Entity Name

BOTTLED WATER STORE.COM, INC.



Principal Place of Business

19047 SKYRIDGE CIR.
BOCA RATON FL 33498

Mailing Address

19047 SKYRIDGE CIR.
BOCA RATON FL 33498

55042554



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

~~BEALE, DAVID A. ESQ.~~

~~355 NE 5TH AVE., UNIT 1~~

~~DELRAY BCH FL 33483~~

Name

JEFFREY A. DUNN

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

19047 SKYRIDGE CIRCLE

City

BOCA RATON

FL

Zip Code

33498

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

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

(NOTE: Registered Agent signature required when reinstating)

1/13/2003

DATE

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 ☐ Delete
NAME **DUNN, JEFFREY**
STREET ADDRESS **19047 SKYRIDGE CIR.**
CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(f), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2003

Daytime Phone #

561-477-2609

CR2E034 (10/02)