

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90067 019 ***150.00

DOCUMENT # P02000126556

1. Entity Name
PURE WATER ENTERPRISES, INC.



Principal Place of Business
**321 SPANISH GOLD LANE
NORTH CAPTIVA ISLAND FL 33945**

Mailing Address
**321 SPANISH GOLD LANE
NORTH CAPTIVA ISLAND FL 33945**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2331

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pineland, FL

Zip

Country

Zip

Country

33945

USA

4. FEI Number

02-0659765

Applied For

Not Applicable

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

**HENDERSON, JANE R
321 SPANISH GOLD LANE
NORTH CAPTIVA ISLAND FL 33945**

Name

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

City

FL

Zip Code

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, 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 ☐ Delete
NAME **D HENDERSON, JEFFREY R**
STREET ADDRESS **321 SPANISH GOLD LANE**
CITY-ST-ZIP **NORTH CAPTIVA ISLAND FL 33945**

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

TITLE ☐ Delete
NAME **D HENDERSON, JANE R**
STREET ADDRESS **321 SPANISH GOLD LANE**
CITY-ST-ZIP **NORTH CAPTIVA ISLAND FL 33945**

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)(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: **Jane R Henderson** 9/8/03 239-472-5689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

86146532 Attachment
#P020001810556
To Whom It May Concern:

9/8/03

I just received this form in the mail as my mailing address is not correct. I spoke with a woman at your office this a.m. and she said to mail it out today with \$150.00 enclosed since this was my first notice.

Mailing address as changed on the report form:

P.O. Box 2331
Pineland, FL 33945

Any questions, please call

239-472-5689.

Thank you,

Jane R. Henderson

Jane R. Henderson