

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048426

1. Entity Name

GAGNE NATURAL SPRING WATER CORPORATION

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90148 009 ***150.00

Principal Place of Business

Mailing Address

MOUNTAIN DR
FL 32541

PO BOX 219
DESTIN FL 32540-0219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2489968

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

GAGNE, MICHAEL J
217 MAIN STREET
DESTIN FL 32541

Name

Michael J. Gagne

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

332 mountain DR

City
Destin

FL

Zip Code
32541

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 J. Gagne

Michael J. Gagne

4/12/00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME GAGNE, MICHAEL J
STREET ADDRESS 74 COUNTRY CLUB RD
CITY-ST-ZIP SHALIMAR FL 32579 ☐ Delete

TITLE PST
NAME Michael J. Gagne ☒ Change ☐ Addition
STREET ADDRESS 332 mountain DR.
CITY-ST-ZIP Destin FL. 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VC
NAME Michael J. Gagne ☐ Change ☒ Addition
STREET ADDRESS 332 mountain DR.
CITY-ST-ZIP Destin FL. 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 J. Gagne
Michael J. Gagne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

(850) 854-1554

Daytime Phone #

CR2E034 (9/99)