

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90087 005 ***150.00

0422352 AN

DOCUMENT # P96000013558
 1. Entity Name
THREE SISTERS SPRINGS WATER COMPANY

Principal Place of Business 712 S. OREGON AVENUE TAMPA FL 33606 US	Mailing Address 712 S. OREGON AVENUE TAMPA FL 33606 US
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2. Principal Place of Business 15105 NW 77th AVENUE Suite, Apt. #, etc. 4th FLOOR	3. Mailing Address 15105 NW 77th AVENUE Suite, Apt. #, etc. 4th FLOOR
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DO NOT WRITE IN THIS SPACE

City & State MIAMI LAKES, FL 33014	City & State MIAMI LAKES, FL	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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Zip 33014	Country USA	Zip 33014	Country USA	5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MANSON, DOUGLAS
712 S. OREGON AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent
 Name
GOODMAN, HARVEY
 Street Address (P.O. Box Number is Not Acceptable)
15105 NW 77th AVENUE
 City
MIAMI LAKES, FL FL 33014

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: **HARVEY GOODMAN** *Harvey Goodman* **01/29/02**
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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOODMAN, HARVEY 15105 NW 77TH AVE MIAMI FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Harvey Goodman* **HARVEY GOODMAN** **01/29/02** **(305) 827-8600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)