


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90121 032 ***150.00

DOCUMENT # <u>P96000025547</u>	
1. Entity Name <u>THE FLORIDIAN SPRING WATER COMPANY</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3474 NW 13TH AVE.</u>	3. Mailing Address <u>P.O. Box 141141</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>GAINESVILLE FL</u>	City & State <u>GAINESVILLE FL</u>	4. FEI Number <u>59-3369820</u>	<input type="checkbox"/> Applied For
Zip <u>32605</u>	Country <u>USA</u>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>HARRIET W. WILLS</u>
Street Address (P.O. Box Number is Not Acceptable) <u>3474 NW 13TH AVE.</u>
City <u>GAINESVILLE</u> FL Zip Code <u>32605</u>

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 Joe Denny Wills **DATE** MARCH 31, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>P WILLS, JOE DENNY</u>	<u>3474 NW 13TH AVENUE</u>	<u>GAINESVILLE, FL 32605</u>

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joe Denny Wills **DATE** 03/31/03 **Daytime Phone #** (352) 281-6162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)