2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P97000078287 LIVING WATER, INC. 04-25-2001 90139 035 ***150.00 Principal Place of Business Mailing Address 3870 NW 4TH CT 3870 NW 4TH CT COCONUT CREEK FL 33066 POMPANO BEACH FL 33066 2. Principal Place of Business 3. Mailing Address 4190 NW 53rd CT 4190 NW 53rd CT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0780307 Coconut Creek. Coconut Creek. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33073 US 33073 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jane Harpster HARPSTER, JOA JANE Street Address (P.O. Box Number is Not Acceptable) 3870 NW 4TH CT 4190 NW 53rd_CT COCONUT CREEK FL 33066 Zip Code 3<u>3073</u> Coconut Creek 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. printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation eligible tasatisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Delete TITLE NAME HARPSTER, KENNETH N NAME Kenneth N Harpster STREET ADDRESS STREET ADDRESS 3870 NW 4TH CT 4190 NW 53rd CT CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33066** Coconut Creek, FL 33073 Change ☐ Addition TITLE ☐ Delete TITLE HARPSTER, JOA J NAME NAME Joa J Harpster STREET ADDRESS STREET ADDRESS 3870 NW 4TH CT 4190 NW 53rd CT CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33066 Coconut Creek, FL 33073 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: \(\triangle\)