

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90114 009 \*\*\*150.00

**DOCUMENT # P99000042179**

**1. Entity Name**  
**ALWAYS PURE WATER COMPANY**



**Principal Place of Business**  
**3521 ST AUGUSTINE ROAD**  
**JACKSONVILLE FL 32207**

**Mailing Address**  
**4617 LANDSCAPE DRIVE**  
**TAMPA FL 33624**

**2. Principal Place of Business**  
**576 Woodruff Ave**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Jacksonville**

**City & State**

**4. FEI Number** **59-3576101**

**Applied For**  
**Not Applicable**

**Zip**  
**32254**

**Country**

**Zip**

**Country**

**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**

**JUCKEM, PHILIP D**  
**4617 LANDSCAPE DRIVE**  
**TAMPA FL 33624**

**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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **VPD** ☐ **Delete**  
**NAME** **JUCKEM, PHILIP D**  
**STREET ADDRESS** **4617 LANDSCAPE DRIVE**  
**CITY-ST-ZIP** **TAMPA FL 33624**

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

**TITLE** **PD** ☐ **Delete**  
**NAME** **FANNING, KATHEY**  
**STREET ADDRESS** **4787 REED AVE.**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32257**

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

**TITLE** **D** ☐ **Delete**  
**NAME** **ROSENQUIST, LARRY-J**  
**STREET ADDRESS** **4505 BARNABY DRIVE**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32217**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**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:**

*Philip D. Juckem*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2/15/03**

**913 928 7335**

**Date**

**Daytime Phone #**

CR2E034 (10/02)