

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108400

1. Entity Name

PURE WATER SOURCE, INC.

Principal Place of Business

P.O. BOX 423248
KISSIMMEE FL 34742

Mailing Address

P.O. BOX 423248
KISSIMMEE FL 34742

2. Principal Place of Business

304 Sanddollar Ct.
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 423248
Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip
34743

Country

USA

City & State

Kissimmee FL

Zip
34742

Country

USA

4. FEI Number

59 2613 998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUMRUK, ANDREW J
717 EAST OAK ST.
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name Deana P. Fletcher

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

304 Sanddollar Ct.

City Kissimmee

FL

Zip Code

34743

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 Deana P. Fletcher
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-15-01
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, 2001 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 D
NAME PEACHER, DONALD W
STREET ADDRESS 304 SANDDOLLAR CT.
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Delete

TITLE D
NAME FLETCHER, ANDREW W
STREET ADDRESS 304 SANDDOLLAR CT.
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Delete

TITLE D
NAME FLETCHER, DEANA P
STREET ADDRESS 304 SANDDOLLAR CT.
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: Deana P. Fletcher Deana P. Fletcher 3-15-01 407-846-4517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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