

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90197 004 ***150.00

0601179 AT

DOCUMENT # S26241

1. Entity Name

SILVER SPRINGS BOTTLED WATER CO.

Principal Place of Business

**P.O. BOX 926
SILVER SPRINGS FL 34489
US**

Mailing Address

**P.O. BOX 926
SILVER SPRINGS FL 34489
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0238875

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHMOND, KARL E.
66 NE 56 TERR
OCALA FL 33970**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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	☐ Delete
	PD			
	RICHMOND, KARL E	66 N.E. 56TH TERRACE	OCALA FL	

	DST			
	RICHMOND, MARGARET A	66 NE 56TH TERRACE	OCALA FL	

	VD			
	RICHMOND, KANE	3039 NE 39 PL	OCALA FL	

	D			
	RICHMOND, KIRK	6874 KESTREL CIR	FT MYERS FL	

	D			
	MCPHILLIPS, CHERYL	1575 WORLEY AVE	MERRITT ISLAND FL	

	D			
	RICHMOND, KEITH	1970 OAK DR	FORT MYERS FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

Date

Daytime Phone #

352-368-6806

CR2E034 (9/01)