

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 642515

1. Entity Name

PURE & CLEAR, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

03-14-2000 90093 019 ***150.00

Principal Place of Business

403 SAWGRASS CORP PKWY
SUNRISE FL 33326
US

Mailing Address

403 SAWGRASS CORP PKWY
SUNRISE FL 33325-6203
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1933161

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VORBRICH, LARRY
1130 FAIRFAX LANE
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

Iain McMillan

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

5042 Epicurus Drive

City

Delray Beach

FL

Zip Code

33484

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 fee 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, 2000 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	PD	☐ Delete
NAME	CHAUVER, DANIEL	
STREET ADDRESS	2363 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	V	☒ Delete
NAME	VORBRICH, LARRY	
STREET ADDRESS	1130 FAIRFAX LN	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VP D	☐ Delete
NAME	Iain McMillan	
STREET ADDRESS	5042 Epicurus Drive	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Iain McMillan

6/2/00

954-845-8990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)