2001 UNIFORM BUSINESS REPORT (UBR)

200	1 UNIFORM BUS	INESS REPÓ	RT (UB	R)	5/1 Jul 0	FILE] 6, 2001		ım
DOCUMENT # P93000004056 1. Entity Name					Sec	rétary o	f Stat	e
•	NMENTAL FILTER, INC.	•	((4)	05-1	7-2001 90397 03	4 ***150.00	
Principal Place 100 PARK-BU SUITE 260 INELLAS PAR	-	Mailing Address 399-150TH AVE-CONDO 113 SAINT-PETERSBURG FL 3370 US						
	Place of Business INDUSTRIAL PARIX	3. Mailing Address /0/ TNOUS	TRIAL	ARIC				
Suite, Apt.	. W, etc.	Suite, Apt. #, etc.			DO NOT W	RITE IN THIS SPACE		
City & State		City & State MANZICED TR	EE A	4.	FEI Number 59-31811	92	Applied For Not Applicable]
7236	Country	72365	Country USA	5.	Certificate of Status Desired	□ \$8.75 Fee Req	Additional uired]
	6. Name and Address of Current			7.	Name and Address of New	Registered Agent		
	EYGK, HOWARD) PARK ST N	Name 7		Box Number is Not Accepted	20BERT			
	te 201-a Petérsburg fl 33709	SUITE 201-A						
			CityS	T PET	MISAURG	FL Zip S	709	ļ
8. The above	e named entity submits this statement for	Le Enel	egistered office o	BELT !	G. TENEZER	Florida. O/15/ DATE	61	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable			-	50.00	10. Election Campaign F Trust Fund Contribut		5.00 May Be ded to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	Al	ODITIONS/CHANGES TO O	FICERS AND DIRECT	ORS IN 11	
MTLE	PDS	☐ Delete	TITLE	PDS		⊠ \$han	ge 🔲 Addition	8
NAME	BECKON, WEIR		NAME		ECKON, WE		re_	18
STREET ADORESS CITY-ST-ZIP	SAINT PETERSBURG FL 33708		STREET ADDRESS CITY-ST-ZIP		INDUSTRI KED TIZEE	~~ <u>,</u> ,		2E034 (10/00)
TITLE NAME	VONETHE BECKON	Delete	TITLE NAME			Chan	ge 🗌 Addition	[충
STREET ADDRESS CITY-ST-ZIP	399 150TH AVE CONDO 113-B SAINT PETERSBURG Ft 33708		STREET ADDRESS CITY-ST-ZIP					
NAME	ANNETTE BEOKON	Delete	TITLE " I"		• 	Chang	ge [] Addition	
STREET ADDRESS CITY-ST-ZIP	12500 CAPRI GIRCLE, NORTH, AI TREASURE ISLAND FL	PT. 401	STREET ADDRESS CHY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME			Chang	e 🔲 Addition	
STREET ADDRESS			STREET ADORESS					!
TITLE	<u> </u>	☐ Deleta	TITLE			☐ Chang	e	
VAME STREET ADORESS CITY-ST-ZIP			NAME Street address City-St-Zip				,	
ITLE LAME TREET ADDRESS ETY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🔲 Addilion	
3. I hereby of indicated	certify that the information supplied with to an this report or supplemental report is to constitute or the receiver or the tage.	rue and accurate and that my	ne exemption stat signature shall ha	ave the same	legal effect as if made under	oath; that I am an offic	er or director	