

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027915 (6)

1. Corporation Name

ULTRA PURE TECHNOLOGIES, INC.

Principal Place of Business

524 PAUL MORRIS DR
UNIT H
ENGLEWOOD FL 34223
US

Mailing Address

524 PAUL MORRIS DR
UNIT H
ENGLEWOOD FL 34223
US

APPROVED
AND
FILED

95 APR -7 AM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0402866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MACRIS, STEVEN W
609 SOUTH MIAMI TRAIL
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature) (Print or printed name of registered agent and title of appointee)

(Signature) (Print or printed name of registered agent and title of appointee)

(Signature)

12. OFFICERS AND DIRECTORS

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

D

DUPONT, PAUL R JR.
1645 B MANOR RD
ENGLEWOOD FL

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

President, Secretary

☐ Change

☒ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

VICE President, Treasurer

☐ Change

☒ Addition

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY, ST, ZIP

John O. Barton

☐ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.017, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

John O. Barton
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95

613 400-6217