

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90021 023 ***558.75

DOCUMENT # P94000049322

1. Entity Name

PURIFICATION TECHNOLOGIES, INC.

(L)

Principal Place of Business

**5140-A LE TOURNEAU CIRCLE
TAMPA FL 33610
US**

Mailing Address

**5140-A LE TOURNEAU CIRCLE
TAMPA FL 33610
US**

A0015460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1605 Hobbs Street
Suite, Apt. #, etc.

3. Mailing Address

1605 Hobbs Street
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

65-0513086

Applied For

Not Applicable

Zip

33619

Country

Hillsborough

Zip

33619

Country

Hillsborough

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

COLDIRON, JAMES B

**5140 A LETOURNEAU CIR
TAMPA FL 33610**

7. Name and Address of New Registered Agent

Name

James B. Coldiron

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

1605 Hobbs Street

City

Tampa

FL

33619

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
NAME **COLDIRON, JAMES B**
STREET ADDRESS **5140-A LE TOURNEAU CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE **ST** ☐ Delete
NAME **COLDIRON, HOLLY S**
STREET ADDRESS **5140-A LE TOURNEAU CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **1605 Hobbs Street**
CITY-ST-ZIP **Tampa, FL 33619**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **1605 Hobbs Street**
CITY-ST-ZIP **Tampa, FL 33619**

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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

Holly Coldiron

7-18-01

813-620-3922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)