

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F20449

1. Entity Name

~~C-LEAD, INC.~~  
PURE LEAD PRODUCTS INC

12/22/00

Principal Place of Business

135 RICHFIELD DR  
LAKE PLACID FL 33852

Mailing Address

135 RICHFIELD DR  
LAKE PLACID FL 33852-7668

2. Principal Place of Business

127 RICHFIELD DR

3. Mailing Address

127 RICHFIELD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

City & State

LAKE PLACID, FL

Zip

33852

Country

USA

Zip

33852

Country

USA

6. Name and Address of Current Registered Agent

CANTER, CLIFTON H JR  
127 RICHFIELD DR.  
LK PLACID FL 33852

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, 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 S  
NAME CANTER, PHYLLIS E  
STREET ADDRESS 256 HUNTLEY DR  
CITY-ST-ZIP LAKE PLACID, FL 00000 ☐ Delete

TITLE PD  
NAME CANTER, CLIFTON H  
STREET ADDRESS 127 RICHFIELD DR  
CITY-ST-ZIP LAKE PLACID FL ☐ Delete

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  
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

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:

*SIGNATURE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00  
Date

863-465-7501  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)