

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003175

1. Entity Name  
PURE TECHNOLOGIES U.S. INC.

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90015 014 \*\*\*550.00

Principal Place of Business  
1050, 340-12 AVE. S.W.  
CALGARY, ALBERTA T2P 4K7 T2R- 1L5  
CA

Mailing Address  
1050, 340-12 AVE. S.W.  
CALGARY, ALBERTA T2P 4K7 T2R- 1L5  
CA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **86-0853190**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (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 13, 2000 Min. 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          | <b>D</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>ELLIOTT, JOHN F</b>          |  |
| STREET ADDRESS | <b>1050, 340 12TH AVE. SW</b>   |  |
| CITY-ST-ZIP    | <b>CALGARY, ALBERTA T2R 1L5</b> |  |
| TITLE          | <b>P</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>PAULSON, JAMES E</b>         |  |
| STREET ADDRESS | <b>1050, 340 12TH AVE. SW</b>   |  |
| CITY-ST-ZIP    | <b>CALGARY, ALBERTA T2R 1L5</b> |  |
| TITLE          | <b>S</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MORRISON, MURRAY B</b>       |  |
| STREET ADDRESS | <b>1050, 340 12TH AVE. SW</b>   |  |
| CITY-ST-ZIP    | <b>CALGARY, ALBERTA T2R 1L5</b> |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          | <b>Secretary</b>                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Jennifer Stubbs</b>          |  |
| STREET ADDRESS | <b>1050, 340 12th Ave. S.W.</b> |  |
| CITY-ST-ZIP    | <b>Calgary, Alberta T2R 1L5</b> |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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: **JENNIFER STUBBS** **JULY 25, 2000** **403.266-679**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)