

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91198 002 ***150.00

DOCUMENT # H12518**1. Entity Name**
PURVIS MANUFACTURING CO., INC.**Principal Place of Business****2631 WEST 79TH STREET**
HIALEAH FL 33016**Mailing Address****2631 WEST 79TH STREET**
HIALEAH FL 33016**2. Principal Place of Business****18340 N.W. 78th Avenue****3. Mailing Address****P.O. BOX 171806**

Suite, Apt. #, etc.

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City & State**Hialeah, Florida****City & State****Hialeah, Florida****4. FEI Number****59-2426707****Applied For****Not Applicable****Zip**
33015**Country****U.S.A.****Zip****33017****Country****U.S.A.****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PURVIS, KIMBELL P.**
2631 WEST 79TH STREET
HIALEAH FL 33016**Name****Street Address (P.O. Box Number is Not Acceptable)****18340 N.W. 78th Avenue****City****Hialeah****FL****Zip Code**
33015**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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PURVIS, KIMBELL P.	18340 N.W. 78TH AVENUE	HIALEAH FL	<input type="checkbox"/>
STD	PURVIS, ESTELA M.	18340 N.W. 78TH AVENUE	HIALEAH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:****Kimbell Purvis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-822-7839

CR2E034 (9/01)