

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90127 001 ***150.00

DOCUMENT # J87088

1. Entity Name
PURPLE PORPOISE ENTERPRISES, INCORPORATED



Principal Place of Business
% ANDREW M. SHAARA
1728 W UNIVERSITY AVENUE
GAINESVILLE FL 32603

Mailing Address
C/O DONALD J. REGAN
4421 NW 36TH DR.
GAINESVILLE FL 32605-5424



2. Principal Place of Business
198 SE 13th AVE
Suite, Apt. #, etc.

3. Mailing Address
198 SE 13th AVE
Suite, Apt. #, etc.
% ANDREW SHAARA

☐ CHECK HERE IF MAKING CHANGES

City & State
Gainesville, FL

City & State
Gainesville, FL

4. FEI Number 59-2953085

Applied For
Not Applicable

Zip 32601 Country USA

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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

DONALD J. REGAN
4421 NW 36TH DR
GAINESVILLE FL 32605

Name
ANDREW M. SHAARA
Street Address (P.O. Box Number is Not Acceptable)
198 SE 13th AVE
City Gainesville FL Zip Code 32601

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SHAARA, ANDREW M.
STREET ADDRESS 198 SE 13TH AVE
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE ~~PD~~
NAME ~~SHAARA, ANDREW M.~~
STREET ADDRESS ~~198 SE 13TH AVE~~
CITY-ST-ZIP ~~GAINESVILLE FL~~ ☐ Change ☒ Addition

TITLE TD
NAME DONALD J. REGAN
STREET ADDRESS 4421 NW 36TH DR
CITY-ST-ZIP GAINESVILLE FL 32605 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME AKEY, MELISSA A
STREET ADDRESS 941 NW 118TH TERR
CITY-ST-ZIP GAINESVILLE FL 32606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ~~SHAARA, ANDREW~~
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE 5/Y
NAME SHAARA, ELLEN
STREET ADDRESS 49 S.W. 80th STREET
CITY-ST-ZIP Ocala FL 34476 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03 352.3384590
Date Daytime Phone #

CR2E034 (10/02)