2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State
08-28-2000 90040 025 ***550.00

DOCUMENT # K00323

1. Entity Name
SUNPURE PRODUCTS, INC.

Principal Place of Business	Mailing Address
1600SUNPURE RD AVON PARK FL 33825-6572 US	1600 SUNPURE RD AVON PARK FL 33825-6572 US

D0081722

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5200 US HWY 98 S.	5200 US HWY 98 S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND FLORIDA	City & State: LAKELAND FLORIDA
Zip: 33813-4203 Country: USA	Zip: 33813-4203 Country: USA

4. FEI Number 59-2879012 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LASHKAJANI, HADI B.
1600 SUN PURE RD
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name: LASHKAJANI, HADI B.
Street Address (P.O. Box Number is Not Acceptable): 5200 US HWY 98 S
City: LAKELAND **FL** Zip Code: 33813-4203

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] HADI B. LASHKAJANI 8-21-2000
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 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS LASHKAJANI, HADI B 1600 SUNPURE RD AVON PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAWSON, G. DONALD 1600 SUNPURE RD AVON PARK FL	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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] REQUIRED HADI B. LASHKAJANI 8-21-2000 863-619-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #