

2000 UNIFORM BUSINESS REPORT (UBR)

7/17/01

FILED
Aug 21, 2000 8:00 am
Secretary of State

07-17-2000 90011 019 ****61.25

DOCUMENT # N99000002458

1. Entity Name

PURO VIDA CORP.

Principal Place of Business

250 ESCANABA AVE.
 PANAMA CITY BEACH FL 32413

Mailing Address

250 ESCANABA AVE.
 PANAMA CITY BEACH FL 32413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DEPARTMENT OF STATE
 DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

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

MCLAUGHLIN, CHRISTINE L
250 ESCANABA AVE.
PANAMA CITY BEACH FL 32413

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 date is acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
☐ Delete	President	Christine McLaughlin	250 Escanaba Ave Panama City Bch, FL 32413	☐ Change ☐ Addition			
☐ Delete	Mr. Carl E. Allen Vice President	7933 McElvey Rd	Panama City Bch, FL 32408	☐ Change ☐ Addition			
☐ Delete	Mr. Richard Bryan	102 Monte Palo	Panama City Bch, FL 32413	☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			

CR25007 (5/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer who is empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

77.00

860 2346 341