

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-16-2001 90022 043 ***150.00

DOCUMENT # P00000018216

1. Entity Name
PURE PERFECTION, INC.

Principal Place of Business
**2461 WOODLAND CIR.
 FT. MYERS FL 33907**

Mailing Address
**2461 WOODLAND CIR.
 FT. MYERS FL 33907**

2. Principal Place of Business
**2098 Crystal Dr.
 Suite, Apt. #, etc.
 #27**

3. Mailing Address
**2098 Crystal Dr.
 Suite, Apt. #, etc.
 #27**

City & State
Ft. MYERS, FL
 Zip
33907-4178
 Country
USA

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Ft. MYERS, FL
 Zip
33907-4178
 Country
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4. FEI Number
59-3704098

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DEHNZ, RICKY MARTIN
 2461 WOODLAND CIR.
 FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

Name **Dehnz Ricky Martin**
 Street Address (P.O. Box Number is Not Acceptable)
4360 14th Ave N.E.
 City **Naples** FL Zip Code **34120**

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 *Ricky Dehnz*
 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, 2001 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Ricky Dehnz	4360 14th Ave N.E.	Naples, FL 34120		

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: *Ricky Dehnz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/8/01** (941) 274-7694
 Daytime Phone #

CR2E034 (10/00)