

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90165 005 ***150.00

DOCUMENT # P00000056129

1. Entity Name
ENVIROPURE TECHNOLOGIES CORPORATION



Principal Place of Business
3902 CORPOREX PARK DRIVE
SUITE 300
TAMPA FL 33619

Mailing Address
3902 CORPOREX PARK DRIVE
SUITE 300
TAMPA FL 33619

2. Principal Place of Business
1808 W. Hills Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1094
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa, Florida
Zip **33606**
Country **USA**

City & State
Tampa, Florida
Zip **33601**
Country **USA**

4. FEI Number **59-3700352**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUCAS, JONATHAN R
3902 CORPOREX PARK DRIVE
SUITE 300
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1808 W. Hills Ave.
City **Tampa** **FL** **Zip Code** **33606**

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 *Jonathan R. Lucas*
Signature, typed or printed name of registered agent and title if applicable.

Jonathan R. Lucas

3-19-03

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCAS, JONATHAN R 3902 CORPOREX PARK DRIVE, SUITE 300 TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1808 W. Hills Ave. Tampa, Florida 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jonathan R. Lucas* **Jonathan R. Lucas** **3-19-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-251-0992

CR2E034 (10/02)