

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90020 009 \*\*\*150.00

0654388 SD

**DOCUMENT # P00000090900**

1. Entity Name

**ENVIRONMENTAL PURIFICATION CONSULTANTS, INC.**

Principal Place of Business

2045 OAK BEND DR. #1026  
 PALM HARBOR FL 34683

Mailing Address

2045 OAK BEND DR. #1026  
 PALM HARBOR FL 34683

2. Principal Place of Business

**1286 SEAGATE DR. STE 106**

3. Mailing Address

**1286 SEAGATE DR**

Suite, Apt. #, etc.

**106**

Suite, Apt. #, etc.

**#106**

City & State

**Palm Harbor, FL.**

City & State

**Palm Harbor, FL**

Zip

Country

**34685-2476 Pinellas**

Zip

Country

**34685-2476 Pinellas**

6. Name and Address of Current Registered Agent

**LAPPIN, BRIAN**

**2045 OAK BEND DR. #1026  
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

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 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**  
**Tax May 1, 2002 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 **PVTS** ☐ Delete  
 NAME **LAPPIN, BRIAN**  
 STREET ADDRESS **2045 OAK BEND DR # 34683**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

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:

*Brian C Lappin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/01/02**  
 Date

**(727) 738-8333**  
 Daytime Phone #

CR2E034 (9/01)