

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000090774

1. Entity Name

SOFT AND PURE OF PINELLAS INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-23-2002 90099 018 ***150.00

92869



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10707 66ST.N SUITE 11 PINELLAS PARK FL 33782	Mailing Address 7290 ORKNEY AVE ST.PETE FL 33709
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2. Principal Place of Business 10707 66ST.N	3. Mailing Address 7290 Orkney Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pinellas Park FL	City & State ST Pete FL
Zip 33782	Zip 33709
Country US	Country US

4. FEI Number 593146236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LATTO, PHIL A
 7290 ORKNEY AVE
 ST.PETE FL 33709

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/01)