

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90073 010 ***150.00

DOCUMENT # P01000108571

1. Entity Name
EVERTRUST PURIFICATION, INC.



Principal Place of Business
**2900 E OAKLAND PARK BLVD. THIRD FLOOR
FORT LAUDERDALE FL 33306**

Mailing Address
**2900 E OAKLAND PARK BLVD. THIRD FLOOR
FORT LAUDERDALE FL 33306**



2. Principal Place of Business
8903 SW 16th ST.

3. Mailing Address
8903 SW 16th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FL

City & State
BOCA RATON FL 33433

4. FEI Number
02-0532998

Applied For
☐ Not Applicable

Zip
33433

Country
PALM BEACH

Zip
33433

Country
PALM BEACH

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

6. Name and Address of Current Registered Agent

**O'NEAL, PATRICK ESQ
2900 E OAKLAND PARK BLVD, THIRD FLOOR
FORT LAUDERDALE FL 33306**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JOHNSON, GREGORY**
STREET ADDRESS **2900 E OAKLAND PARK BLVD, THIRD FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE **DVP** ☐ Delete
NAME **BROPHY, CAROL**
STREET ADDRESS **2900 E OAKLAND PARK BLVD 3RD FLR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE **D** ☐ Delete
NAME **JOHNSON, DIANNE**
STREET ADDRESS **2900 E OAKLAND PARK BLVD 3RD FLR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR, PRESIDENT** ☒ Change ☒ Addition
NAME **JOHNSON, GREGORY L.**
STREET ADDRESS **1642 HERBERT ST**
CITY-ST-ZIP **DOWNERS GROVE IL 60515**

TITLE **DIRECTOR VICE PRESIDENT SECRETARY** ☒ Change ☒ Addition
NAME **BROPHY, CAROL A**
STREET ADDRESS **8903 SW 16th ST**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☒ Change ☐ Addition
NAME **JOHNSON DIANNE L.**
STREET ADDRESS **1642 HERBERT ST**
CITY-ST-ZIP **DOWNERS GROVE IL 60515**

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

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

3-14-03

Date

954-714-2706

Daytime Phone #

CR2E034 (10/02)