


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90029 043 \*\*\*150.00

DOCUMENT # <b>PO5000155869</b>	
1. Entity Name <b>PURIS Environmental, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>6342 NW 28 CT</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sunrise, FL</b>		City & State	
Zip <b>33313</b>	Country <b>USA</b>	Zip	Country

**40095482**

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>20-3839741</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
7. Name and Address of Current Registered Agent		
Name <b>Kirk Trenchfield</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>6342 NW 28 CT</b>		
City <b>Sunrise, FL</b>	FL	Zip Code <b>33313</b>

**DO NOT WRITE  
IN THIS SPACE**

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)

**4.20.07**

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President Kirk Trenchfield 6342 NW 28 CT Sunrise, FL 33313</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kirk Trenchfield**

**4.20.07**

Date

Daytime Phone #

**(754)  
246-1837**

CR2E034B (12/02)