

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91006 022 ***150.00

0507951

DOCUMENT # P09259

1. Entity Name

PURITAN SERVICES INC.

Principal Place of Business

**1341 E CAPITAL CIR
 ATTN KEN ROSS
 MARIETTA GA 30067**

Mailing Address

**370 WABASHA ST. N
 TAX DEPT
 SAINT PAUL MN 55102
 US**

2. Principal Place of Business

3. Mailing Address

370 Wabasha St. N.

Suite, Apt. #, etc.

Tax Dept.

City & State

Saint Paul, MN

Zip

55102

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **58-1660841**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **D'ALMANDA, PETER**
 STREET ADDRESS **370 WABASHA ST N**
 CITY-ST-ZIP **SAINT PAUL MN 55102**

TITLE **P** ☐ Change ☒ Addition
 NAME **Doug Baker**
 STREET ADDRESS **370 Wabasha St.**
 CITY-ST-ZIP **St. Paul, MN 55102**

TITLE **T** ☐ Delete
 NAME **SCHMECHEL, DANIEL**
 STREET ADDRESS **370 WABASHA ST. N**
 CITY-ST-ZIP **SAINT PAUL MN 55102**

TITLE **VP** ☐ Change ☒ Addition
 NAME **John Forsythe**
 STREET ADDRESS **370 Wabasha St.**
 CITY-ST-ZIP **St. Paul, MN 55102**

TITLE **S** ☐ Delete
 NAME **IVERSON, KENNETH**
 STREET ADDRESS **370 WABASHA ST N**
 CITY-ST-ZIP **SAINT PAUL MN 55102**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 STREET ADDRESS
 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: **X**

John Forsythe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Forsythe

4/25/01
 Date

(651) 293-2849
 Daytime Phone #

CR2E034 (10/00)