

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90049 015 ***150.00

DOCUMENT # ~~P950000~~14371

1. Entity Name

Pure Wave, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4411 Meadow Creek Circle

Suite, Apt. #, etc.

3. Mailing Address

4411 Meadow Creek Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-3313798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Scovill, W.W.

Street Address (P.O. Box Number is Not Acceptable)

1605 Main St., Ste 912

City SARASOTA

FL

Zip Code 34236

**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.

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	D	TITLE	
NAME	Crisp, Donald T.	NAME	
STREET ADDRESS	4411 Meadow Creek Circle	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34233	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Crisp, Pamela K.	NAME	
STREET ADDRESS	4411 Meadow Creek Circle	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34233	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

941-922-1398

Daytime Phone #

CR2E034B (12/01)