

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051432

1. Entity Name

STERILUX, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90088 043 \*\*\*150.00

Principal Place of Business

1708 N. FEDERAL HIGHWAY  
LAKE WORTH FL 33460

Mailing Address

C/O ROBER O'BRIEN  
4620 LEE HWY., SUITE 212  
ARLINGTON VA 22207-3400  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 202**

City & State

City & State

4. FEI Number

**65-0599125**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENDRUSCHAT, ALBERT J DDS  
1708 N. FEDERAL HIGHWAY  
LAKE WORTH FL 33460

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, 2000 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 ☐ Delete  
NAME **S**  
STREET ADDRESS **HUME, KATHRYN N**  
CITY-ST-ZIP **5041 BASS CT**  
**WALDORF MD 20603**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DONOVAN, JAMES J**  
CITY-ST-ZIP **6040 LAKE WORTH ROAD**  
**LAKE WORTH FL 33463**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3830 JOG RD.**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GURNEY, WILLIAM**  
CITY-ST-ZIP **1453 "E" ROAD**  
**LOXAHATCHEE FL 33470**

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

TITLE ☐ Delete  
NAME **DTV**  
STREET ADDRESS **O'BRIEN, ROBERT A**  
CITY-ST-ZIP **4620 LEE HIGHWAY, SUITE 212**  
**ARLINGTON VA**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4620 LEE HWY, SUITE 202**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RITOTA, THEODORE C**  
CITY-ST-ZIP **3401 S FEDERAL HWY**  
**DELRAY BCH FL**

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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **ENDRUSCHAT, AJ**  
CITY-ST-ZIP **1708 N FEDERAL HIGHWAY**  
**LAKE WORTH FL**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT A. O'BRIEN**

**4/17/00**

**703-527-0760**

CR2E034 (9/99)