

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA5000051432**

1. Entity Name

STERILUX, INC.

FILED

01 MAY 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1708 N. Federal Hwy
LAKE WORTH FL 33460**

**c/o Robert O'Brien
STE 202
Arlington VA 22207 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ENDRUSCHAT, Albert J. DDS
1708 N. Federal Hwy.
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, 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 ☐ Delete
NAME **S HUME, KATHRYN**
STREET ADDRESS **5041 BASS CT.**
CITY-ST-ZIP **WALDORF, MD. 20603**

TITLE ☐ Change ☐ Addition
NAME **HUME, KATHRYN M.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D DONOVAN, James J.**
STREET ADDRESS **3830 Jog RD.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **200004430152--9**
CITY-ST-ZIP **-06/19/01--01073--018**

TITLE ☐ Delete
NAME **D GURNEY, William**
STREET ADDRESS **1453 "E" Road**
CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS ******150.00 ****150.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DTV O'Brien, Robert A.**
STREET ADDRESS **4620 LEE Hwy. Ste 202**
CITY-ST-ZIP **Arlington, VA 22207**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **22207**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D Aitota, Theodore C.**
STREET ADDRESS **3401 Federal Hwy.**
CITY-ST-ZIP **Delray Beach, FL**

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

TITLE ☐ Delete
NAME **P ENDRUSCHAT, AJ**
STREET ADDRESS **1708 N. Federal Hwy.**
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **33460**
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: **Kathryn M. Hume, SECRETARY**

5/1/01

703-528-7953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)