

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90995 036 \*\*\*150.00

0662939 AR

**DOCUMENT # P95000051432**

1. Entity Name  
**STERILUX, INC.**



Principal Place of Business  
**1708 N. FEDERAL HIGHWAY  
LAKE WORTH FL 33460**

Mailing Address  
**C/O ROBERT O'BRIEN  
4620 LEE HWY., 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 **65-0599125**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME **7724 RIPARIAN CT.**  
STREET ADDRESS **FREDERICKSBURG, VA 22408**  
CITY-ST-ZIP

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

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

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

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

TITLE **DTV** ☐ Delete  
NAME **O'BRIEN, ROBERT A**  
STREET ADDRESS **4620 LEE HWY STE 202**  
CITY-ST-ZIP **ARLINGTON VA 22207**

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

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathryn Hume*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KATHRYN HUME**  
**SECRETARY**

**4/24/03**

**703-528-7953**

Date Daytime Phone #

CR2E034 (10/02)