FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am Secretary of State DOCUMENT # P96000010367 1. Entity Name MASTERPIECE PURIFICATION, INC. 02-13-2002 90185 028 ***150.00 Principal Place of Business Mailing Address 3903 BUTTERNUT COURT 3903 BUTTERNUT COURT BRANDON, FL 33511 **BRANDON FL 33511** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3357407 Not Applicable Zip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANKLIN, KENNETH W SR Street Address (P.O. Box Number is Not Acceptable) 3903 BUTTERNUT COURT **BRANDON FL 33511** City 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 KENNETH W. FRANKLIN SR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME Franklin, Kenneth W. Sr. NAME STREET ADDRESS 3903 BUTTERNUT COURT STREET ADDRESS **BRANDON FL** CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE **VPD** ☐ Delete TITLE ☐ Change NAME Franklin, Kenneth W. Jr. NAME STREET ADDRESS 4322 GLENOON PLACE STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP valrico fl ☐ Delete TITLE SŤD TITLE ☐ Change ☐ Addition NAME NAME Franklin, nora B. STREET ADDRESS STREET ADDRESS 3903 BUTTERNUT COURT CITY-ST-ZIE CITY-ST-ZIP Brandon Fl ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empo