

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90033 031 ***550.00

DOCUMENT # P96000076003

1. Entity Name
PURDY ENTERPRISES, INC.

Principal Place of Business
**1483 S. TAMiami TRAIL
VENICE FL 34285**

Mailing Address
**1483 S. TAMiami TRAIL
VENICE FL 34285**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1070 Technology Drive
Suite, Apt. #, etc.

City & State
Zip Country

City & State
NOKomis 71
Zip Country
34275

4. FEI Number **65-0695337**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PURDY, JIM
222 AIRPORT AVE
VENICE FL 34285**

7. Name and Address of New Registered Agent

Name **CARL HEINSMAN**
Street Address (P.O. Box Number is Not Acceptable)
1070 TECHNOLOGY DRIVE
~~XXXXXXXXXXXX~~
City **NOKomis** FL Zip Code **34275**

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 **CARL HEINSMAN**
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME	HOSTETLER, PAUL	NAME			
STREET ADDRESS	1483 S. TAMiami TRAIL	STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34285	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME	PURDY, JIM	NAME			
STREET ADDRESS	1483 S. TAMiami TRAIL	STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34285	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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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 fee empowered.

SIGNATURE: **8/19/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (5/00)