

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90060 028 ***550.00

DOCUMENT # **P96000076003**
1. Entity Name
Purdy Enterprises, Inc.

873269

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3439 Technology Dr
Suite: Apt. #, etc.
Suite 4
City & State
Nokomis FL
Zip
34275 Country
USA

3. Mailing Address
PO Box 1967
Suite: Apt. #, etc.
City & State
Nokomis FL
Zip
34274 Country
USA

DO NOT WRITE IN THIS SPACE

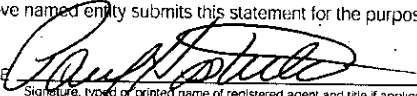
DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0695337
Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent
Name: **Paul Hostetter**
Street Address (P.O. Box Number is Not Acceptable)
3439 Technology Dr
Ste 4
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:  DATE: **9-17-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is **\$150.00**
After May 1, Fee is **\$550.00**
Amended UBR is **\$81.25**
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Paul Hostetter 3439 Technology Dr. Ste 4 Nokomis FL 34275
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **9/17/02** DAYTIME PHONE: **941-484-7750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR