2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000095315

1. Entity Name

PURE ENERGY PRODUCTS OF FLORIDA, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90053 025 ***150.00

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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, bysed or printed name of registered agent and life if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make-Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS CITY-ST-ZIP TITLE DOMPANO BEACH FL 33062 CITY-ST-ZIP Delete TITLE Delete	Zip	Country	Zip	Coun	ntry	-	5. Cer			\$8.75 A	Not Applicable
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CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 the obligations of registered agent and title if applicable. SIGNATURE Signature FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 Make: Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME PAUL, BONNIE NAME 1700 S OCEAN BLVD, SUITE 20C POMPANO BEACH FL 33062 TILE NAME STREET ADDRESS CITY-ST-ZIP TILE Delete TILE Delete TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZIP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZIP TILE Delete TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZIP Change Change Change Change Change			The Hogiston of Agent		Name		7. Nar	ne and Address of New He	gistered	Agent	
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TITLE NAME 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied w		NAME STREET CITY-S	ST-ZIP					•	☐ Addition

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 changed, or on an attachment with an address, with an address.

SIGNATURE:

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