## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000013854** Apr 13, 2000 8:00 am Secretary of State DETOXIFICATION AND PURIFICATION SYSTEMS, INC. 04-13-2000 90005 034 \*\*\*150.00 Principal Place of Business Mailing Address 10805 N 53RD ST 10805 N 53RD ST TAMPA FL 33617-3619 **TAMPA FL 33617** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOODBRIDGE, DAVID D Street Address (P.O. Box Number is Not Acceptable) 10805 N 53RD ST **TAMPA FL 33617** Zip Code City FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete WOODBRIDGE, DAVID D NAME NAME 10805 N 53RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33617** ☐ Addition Change ☐ Delete TITLE TITLE WOODBRIDGE, THOMAS C NAME NAME STREET ADDRESS STREET ADDRESS 365 WILSON AVE CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Addition ☐ Delete TITLE ☐ Change TITLE SICILIA, TERRY R NAME NAME STREET ADDRESS STREET ADDRESS #6 HAVENWOOD TR CITY-ST-ZIP CITY-ST-ZIP **ORMOND BEACH FL 32174** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on an attachment with an address, with an other like empowered.

ING OFFICER OR DIRECTOR