

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104444

1. Entity Name

HIGH PURITY CONNECTIONS, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90090 028 \*\*\*150.00

Principal Place of Business

Mailing Address

4212 N. MONADNOCK ROAD  
HERNANDO FL 34442

4212 N. MONADNOCK ROAD  
HERNANDO FL 34442-4549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3548519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERMAN, CAROL L  
4212 N. MONADNOCK ROAD  
HERNANDO FL 34442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	LLOYD J. PETERMAN	4212 N. MONADNOCK RD	HERNANDO FL 34442
VICE-PRESIDENT	CAROL L. PETERMAN	4212 N. MONADNOCK RD.	HERNANDO FL 34442
<del>CHIEF FINANCIAL OFFICER</del>	<del>LLOYD J. PETERMAN</del>	<del>4212 N. MONADNOCK RD.</del>	<del>HERNANDO FL 34442</del>
SECRETARY	CAROL L. PETERMAN	4212 N. MONADNOCK RD.	HERNANDO FL 34442

TITLE	NAME	STREET ADDRESS	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 empowered.

SIGNATURE: Lloyd J. Peterman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 JANUARY 2000 352-860-0865  
Date Daytime Phone #