

2000 UNIFORM BUSINESS REPORT (UBR)

8.

FILED

Aug 24, 2000 8:00 am
Secretary of State

08-08-2000 90024 026 ***150.00

DOCUMENT # P99000034926

1. Entity Name

AMERICAS PUREST, INC.

R

Principal Place of Business
5739 CORPORATION CIRCLE
FT. MYERS FL 33905

Mailing Address
5739 CORPORATION CIRCLE
FT. MYERS FL 33905

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

65-0911367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DILORETO, TODD
5739 CORPORATION CIRCLE
FT. MYERS FL 33905

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

Todd D. Loreto Pres.

7-26-00

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

TITLE **PD** ☐ Delete
NAME **DILORETO, TODD**
STREET ADDRESS **5739 CORPORATION CIRCLE**
CITY-ST-ZIP **FT. MYERS FL 33905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **GARMAN, PATTI**
STREET ADDRESS **5739 CORPORATION CIRCLE**
CITY-ST-ZIP **FT. MYERS FL 33905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

Todd D. Loreto Pres.

7-26-00

941-694-3670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

attachment # P99000034926

104857

104351

P99000034926

D.O.C.

(Attachment)

I Did NOT
Recieve The first
NOTICE. I called
AND WAS Told
To send in NOTICE
With \$15000

THANK YOU

Todd D. Lorto