

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90397 014 ***150.00

DOCUMENT # P99000034926

1. Entity Name
AMERICAS PUREST, INC.

Principal Place of Business 5739 CORPORATION CIRCLE FT. MYERS FL 33905	Mailing Address 5739 CORPORATION CIRCLE FT. MYERS FL 33905
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17228 CAVE Rd.	3. Mailing Address 17228 CAVE Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 17228 CAVE Rd
City & State FT. MYERS, FL	City & State FT. MYERS, FL
Zip 33912 Country USA	Zip 33912 Country USA

4. FEI Number 65-0911367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
Gabriel Benigno

Street Address (P.O. Box Number is Not Acceptable)
17228 CAVE Rd

City
FT. MYERS, FL Zip Code
33912

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 **5-1-01**

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	
TITLE PD	<input type="checkbox"/> Delete
NAME DILORETO, TODD	
STREET ADDRESS 5739 CORPORATION CIRCLE	
CITY-ST-ZIP FT. MYERS FL 33905	
TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME GARMAN, PATTI	
STREET ADDRESS 5739 CORPORATION CIRCLE	
CITY-ST-ZIP FT. MYERS FL 33905	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GABRIEL BENIGNO	
STREET ADDRESS 17228 CAVE RD,	
CITY-ST-ZIP FT. MYERS 33912	
TITLE TONY BENIGNO V.P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS 17228 CAVE RD	
CITY-ST-ZIP FT. MYERS 33912	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **5-1-01** DAYTIME PHONE #: **267-6600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)