

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 14, 2002 8:00 am
Secretary of State

03-26-2002 90089 014 ****50.00
 05-14-2002 90071 008 ***100.00

DOCUMENT # P99000034926
 1. Entity Name
AMERICAS PUREST, INC.

Principal Place of Business Mailing Address
 17228 CANE RD 17228 CANE RD
 FORT MYERS FL 33912 FORT MYERS FL 33912



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
5739 Comp. Cir. **5739 Comp. Cir.**
 City & State City & State
Ft. Myers, FL **Ft. Myers, FL**
 Zip Country Zip Country
33905 **U.S.A.** **33905** **U.S.A.**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BENIGNO, GABRIEL
 17228 CANE RD
 FORT MYERS FL 33912

7. Name and Address of New Registered Agent
 Name: **Todd DiLoreto**
 Street Address (P.O. Box Number is Not Acceptable)
5739 Comp. Cir.
 City: **FT. Myers** **FL** Zip Code: **33905**

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]*
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.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BENIGNO, GABRIEL 17228 CANE RD FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENIGNO, TONY 17228 CANE RD FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Todd DiLoreto 5739 Comp. Cir. FT. Myers, FL, 33905	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATTI GARMAN 5739 Comp. Cir. Ft. Myers FL 33905	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **3-12-02** **941-694-3670**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)