

2000 UNIFORM BUSINESS REPORT (UBR)

2/1/00-90098-024-\$150.00-\$150.00

DOCUMENT # P990000074264

1. Entity Name

PURELOU ENTERPRISES, INC.

Principal Place of Business

649 12TH ST.
CLERMONT FL 34711

Mailing Address

649 12TH ST.
CLERMONT FL 34711-2020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

COMAR-8 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3607703

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSEN, DONNA M
649 12TH ST.
CLERMONT FL 34711

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

TITLE PD
NAME FORMATO, LOUIS J
STREET ADDRESS 649 12TH ST.
CITY-ST-ZIP CLERMONT FL 34711

☐ Delete

TITLE ST
NAME FORMATO, ROSE M
STREET ADDRESS 324 E. MINNEHAHA AVE.
CITY-ST-ZIP CLERMONT FL 34711

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1807(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TS