

4/16

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90035 042 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P99000074264**

1. Entity Name

PURELOU ENTERPRISES, INC.

Principal Place of Business Mailing Address  
 649 12TH ST. 649 12TH ST.  
 CLERMONT FL 34711 CLERMONT FL 34711

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. 512 E Lake Shore Dr  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Clermont FL

Zip Country Zip Country  
 34711 US

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: ~~Edo~~ Formato, Richard J  
 Street Address (P.O. Box Number is Not Acceptable)  
 414 Carroll St.  
 City Clermont FL Zip Code 34711

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 P. F. to Richard Formato 4-10-01  
 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, 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	FORMATO, LOUIS J	
STREET ADDRESS	649 12TH ST.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FORMATO, ROSE M	
STREET ADDRESS	324 E. MINNEHAHA AVE.	
CITY-ST-ZIP	CLERMONT FL 34711	
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	<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	
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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 (352) 394-2483

Date

Daytime Phone #

CR2E034 (10/00)