2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000078539** Apr 10, 2000 8:00 am Secretary of State PURPLE SURGE, INC. 04-10-2000 90074 007 ***150.00 Mailing Address Principal Place of Business 4242 FUTURA DR. 4242 FUTURA DR. PENSACOLA FL 32504-7719 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address 982 Castle Pointe Wav Castle roineway DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For Vensacola Not Applicable ensacolo Country \$8.75 Additional 5. Certificate of Status Desired usa Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MENGE, MARION F III Street Address (P.O. Box Number is Not Acceptable) 4242 FUTURA DR. PENSACOLA FL 32504 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE Rebecca Groskreutz GROSKREUTZ, REBECCA K NAME 7982 Castle Pointe Way STREET ADDRESS 4242 FUTURA DR. STREET ADDRESS Pensacola, FL 32506 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 Change Addition ☐ Delete TITI F TITLE rodd Groskreutz GROSKREUTZ, TODD ALLAN NAME NAME 902 Castle Pointe way STREET ADDRESS 4242 FUTURA DR. STREET ADDRESS CITY-ST-ZIP Pensacola, FL 32506 PENSACOLA FL 32504 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.