

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S03637

1. Entity Name
PUROCLEAN, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90025 018 ***150.00

Principal Place of Business

5610 NW 12 AVE.
209
FORT LAUDERDALE FL 33309

Mailing Address

5610 NW 12 AVE.
209
FORT LAUDERDALE FL 33309-6608

2. Principal Place of Business

5350 NW 35 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

5350 NW 35 AVENUE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

4. FEI Number

65-0230517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPOHN, RICHARD D.
7078 LANTANA LANE
TAMARAC FL 33321

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 P
NAME SPOHN, RICHARD D.
STREET ADDRESS 7078 LANTANA LANE
CITY-ST-ZIP TAMARAC FL

☐ Delete

TITLE VP
NAME O'DWYER, RORY
STREET ADDRESS 7707 NW 82ND TERR
CITY-ST-ZIP PARKLAND FL

☐ 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
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: *Richard D. Spohn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)