

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01899

1. Entity Name
PERKINS FIRE PRO, INC.

FILED

02 JAN 07 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2812 ARMAND ST. 2812 ARMAND ST.
MONROE LA 71201 MONROE LA 71201

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 71-0592368 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



2002 UBR

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------|--|---|---|
| TITLE | NAME | TITLE | NAME |
| D <input type="checkbox"/> Delete | WEAVER, DALTON G 103 OAKMONT PLACE JACKSON TN | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| D <input type="checkbox"/> Delete | BROCKMAN, RALPH W 3404 DEBORAH DRIVE MONROE LA | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| PD <input type="checkbox"/> Delete | WARD, TOMMY #5 PARK ALEXANDER AR | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 500004883425--8 -02/06/02--01055--022 ****150.00 ****150.00 |
| ST <input type="checkbox"/> Delete | COOLEY, BETTY 2808 MAGELLAN MONROE LA | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| V <input type="checkbox"/> Delete | REED, WALLACE ROUTE 2 BOX 441D SHERIDAN AR | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| D <input type="checkbox"/> Delete | HALL, MARK 18714 DENNY RD LITTLE ROCK AR 72211 | <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] 12/13/04 (318)388-2341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (5/00)