

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90093 024 \*\*\*150.00

048214

**DOCUMENT # P96000042993**

1. Entity Name  
**PERKINS INDUSTRIAL OUTFITTERS, INC.**

Principal Place of Business <b>717 HAWKS RIDGE RD          PORT ORANGE FL 32127          US</b>	Mailing Address <b>717 HAWKS RIDGE RD          PORT ORANGE FL 32127          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3653 PONDEROSA DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>3653 PONDEROSA DR.</b> Suite, Apt. #, etc.
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City & State <b>ORMOND BEACH FL</b>	City & State <b>ORMOND BEACH, FL</b>	4. FEI Number <b>59-3491232</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32174</b>	Country <b>US</b>	Zip <b>32174</b>	Country <b>US</b>

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

6. Name and Address of Current Registered Agent

**PERKINS, BETTY**  
**717 HAWKS RIDGE RD**  
**PORT ORANGE FL 32127**

**3653 PONDEROSA DR.**  
**ORMOND BEACH, FL**  
**32174**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>PERKINS, BETTY</b> <b>717 HAWKS RIDGE RD</b> <b>PORT ORANGE FL 32127</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3653 PONDEROSA DR.</b> <b>ORMOND BEACH, FL 32174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Betty N. Perkins Betty N. Perkins 4/26/01 386-761-7262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)