

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085696

1. Entity Name

PERRIN & GREENFELDER, P.A.

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

04-21-2000 90111 005 ***150.00

Principal Place of Business

Mailing Address

7800 66TH STREET N. #102
PINELLAS PARK FL 33781

7800 66TH STREET N. #102
PINELLAS PARK FL 33781-2101

2. Principal Place of Business

3. Mailing Address

8875 Hidden River Parkway Suite 300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State
Tampa FL

City & State
Tampa FL

Zip
33637

Country
USA

Zip
33637

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3599960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGG, WILLIAM G
14144 6TH STREET
DADE CITY FL 33526

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN P. PERRIN	
STREET ADDRESS	6447 RENWICK CIR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	WUEBB GREENFELDER	
STREET ADDRESS	19014 DOVE CREEK DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00 (813) 975-7488

CR2E034 (9/99)