

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000059396

**Entity Name:** PERCEPTION ADVISORS, INC.

**Current Principal Place of Business:**

9300 SCARBOROUGH CT.  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

PO BOX 750  
PALM BEACH, FL 33480 US

**FEI Number: 06-1352973**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NEWQUIST, AILEEN M  
9300 SCARBOROUGH CT.  
PORT ST. LUCIE, FL 34986 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER, DIRECTOR  
Name            NEWQUIST, AILEEN M  
Address         PO BOX 750  
City-State-Zip: PALM BEACH FL 33480

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: AILEEN NEWQUIST**

**PRESIDENT**

**04/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date