

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90188 019 \*\*\*150.00

**DOCUMENT # 259805**

1. Entity Name

**PERRY'S INC. OF DAYTONA**

Principal Place of Business

**2209 SOUTH ATLANTIC AVE  
DAYTONA BEACH FL 32118-5319**

Mailing Address

**2209 SOUTH ATLANTIC AVE  
DAYTONA BEACH FL 32118-5319**

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

**59-0977227**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PYLE, MICHAEL A ESQ  
1265 W GRANADA BLVD STE 1  
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name

**Rost, Scott R.**

Street Address (P.O. Box Number is Not Acceptable)

**444 Seabreeze Blvd., Suite 800**

City

**Daytona Beach**

**FL**

Zip Code  
**32118**

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

*Scott R. Rost*

*April 26, 2002*

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, 2002 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	VD BAZEMORE, J L 2209 SOUTH ATLANTIC AVE. DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAZEMORE, YVONNE P 2209 SOUTH ATLANTIC AVE. DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BUTLER, LYNN 2209 SOUTH ATLANTIC AVE DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, CHARLES 2209 SOUTH ATLANTIC AVE. DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, PAMELA 2209 S. ATLANTIC AVE. DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS WALKER, JEFFREY 2209 S. ATLANTIC AVE. DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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:

*Yvonne P. Bazemore*  
Yvonne P. Bazemore

Date

*4/26/02*

Daytime Phone #

*384 255-0581*

CR2E034 (9/01)