

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90013 001 ***150.00

0114600 AV

DOCUMENT # 354134

1. Entity Name
PERRY & LEIGHTY INVESTMENTS, INC.

Principal Place of Business
1220 S WICKHAM RD
MELBOURNE FL 32904
US

Mailing Address
6660 FLAMINGO ROAD
MELBOURNE FL 32904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1220 S. Wickham Rd
 Suite, Apt. #, etc.

City & State
Melbourne, FL

4. FEI Number **59-1272881** Applied For
 Not Applicable

Zip **32904** Country **US**

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

6. Name and Address of Current Registered Agent
LEIGHTY, DALE T
6660 FLAMINGO RD
MELBOURNE FL 32901

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, 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	P	<input type="checkbox"/> Delete
NAME	LEIGHTY, DALE T	
STREET ADDRESS	6660 FLAMINGO RD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PERRY, DILLARD R	
STREET ADDRESS	8371 SYLVAN DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERRY, EDITH	
STREET ADDRESS	8371 SYLVAN DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEIGHTY, SARAH A	
STREET ADDRESS	6660 FLAMINGO RD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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 all other like empowered.

SIGNATURE: *Dale Leighty* **DALE LEIGHTY** 1-31-02 321 723 3907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)