## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 407968**

Address:

City-St-Zip:

781 FALCON DR

PORT ORANGE, FL 32127

Entity Name: PERRY REED, INC.

FILED Jan 23, 2002 8:00 AM Secretary of State

| Current Principal Place of Business:          |  |   | New Principal Place of                        | New Principal Place of Business:             |  |
|---|--|---|---|--|--|
|   | INTERNATION SECH., FL 32                       |   |   |  |  |
| Current Mailing Address:                      |  |   | New Mailing Address                           | New Mailing Address:                         |  |
|   | INTERNATION BCH, FL 32                         |   |   |  |  |
| FEI Number                                    | : 59-0953538                                   | FEI Number Applied For()  | FEI Number Not Applicable ( )                 | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |   | Name and Address of                           | Name and Address of New Registered Agent:    |  |
| 781 FALC                                      | B CHAPMAN<br>ON DR<br>ANGE, FL 32              | 2127 US   |   |  |  |
|   | named entity<br>e of Florida.                  | submits this statement for the  | e purpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATUI                                      | RE:  |   |   |  |  |
|   | Electro  | onic Signature of Registered A  | gent  | Date   |  |
|   |  | to satisfy its Intangible Tax filing rengering Trust Fund Contribution ( ). | equirement and elects to do so (X).           |  |  |
| OFFICERS AND DIRECTORS:                       |  |   | ADDITIONS/CHANGE                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P (<br>CHAPMAN, AF<br>781 FALCON<br>PORT ORANG | DR  | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ) Change ( ) Addition                        |  |
| Title:<br>Name:                               | ST (<br>CHAPMAN, EL                            | ) Delete<br>LIZABETH,   | Title: (<br>Name:                             | ) Change ()Addition                          |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ARTHUR CHAPMAN P 01/23/2002