2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000851

1. Entity Name

PERI PROCTOR & ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
1630 N.W. 3RD ST. DEERFIELD BEACH FL 33442	1630 N.W. 3RD ST. DEERFIELD BEACH FL 33442

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DUE BY MAY 1, 2002

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 65-0425965 — Applied For / Not Applicable
Zip / Country	Zip / Country	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
REED AND COMPANY, CHARTERED ~~399 W. PALMETTO PARK RD., #206~~ ~~BOCA RATON FL 33432~~	Name: *Reed & Companny, Chartered* Street Address (P.O. Box Number is Not Acceptable): *2424 N. Fed. Hwy. #200* City: *Boca Raton* FL Zip Code: *33431*

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.   DATE

9. Capital Contributions as Shown on record. $5,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # P93000047970 NAME PROCTOR ENTERPRISES, INC. STREET ADDRESS 1630 N.W. 3RD ST. CITY-ST-ZIP DEERFIELD BEACH FL 33442	STREET ADDRESS CITY-ST-ZIP 800004778868--4 -01/16/02--01081--025 ****141.25 ****141.25
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Peri Proctor, President/G.P.*   *Peri Proctor,*   1-7-02   954-427-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

CR2E003 (9/01)