

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020653 SP

DOCUMENT # **A95000001057**

1. Entity Name

**PERDIEM LTD.**

**FILED**

**MAY -2 PM 12:34**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1417-3 DEL PRADO BLVD., SUITE 473** **1417-3 DEL PRADO BLVD. SUITE 473**  
**CAPE CORAL FL 33990** **CAPE CORAL FL 33990**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0626218** 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

**BERTRAND, DEAN M**  
**1417-3 DEL PRADO BLVD.**  
**SUITE 473**  
**CAPE CORAL FL 33990**

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 \_\_\_\_\_ (NO Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$10,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$1000.00** 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 # **F95000003371**  
 NAME **THE NATIONAL PERDIEM COMPANY**  
 STREET ADDRESS **1013 CENTRE ROAD**  
 CITY-ST-ZIP **WILMINGTON DE 19805**

STREET ADDRESS **2711 CENTERVILLE RD, SUITE 400**  
 CITY-ST-ZIP **WILMINGTON, DE 19808**

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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: **DEAN M. BERTRAND** PRESIDENT **941-995-8608**  
 THE NATIONAL PERDIEM CO  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)