

# 2002 UNIFORM BUSINESS REPORT (UBR)

002160 SP

DOCUMENT # **A95000001057**

FILED

1. Entity Name  
**PERDIEM LTD.**

02 APR 30 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business  
**4210 PRESTWICK CT**

3. Mailing Address  
**4210 PRESTWICK CT.**

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
**N. FT. MYERS, FL.**

City & State  
**N. FT. MYERS, FL**

Zip  
**33903**

Country  
**USA**

Zip  
**33903**

Country  
**USA**

4. FEI Number  
**65-0626218**

Applied For  
 Not Applicable

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)  
**4210 PRESTWICK CT**  
City  
**N. FT. MYERS FL 33903**

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 *Dean M Bertrand* **DEAN M BERTRAND** **PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable. **THE NATIONAL PERDIEM CO APRIL 26/02**  
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 #	<b>F95000003371</b>
NAME	<b>THE NATIONAL PERDIEM COMPANY</b>
STREET ADDRESS	<b>2711 CENTERVILLE RD., STE. 400</b>
CITY-ST-ZIP	<b>WILMINGTON DE 19808</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000005503580--2</b>
CITY-ST-ZIP	<b>-05/10/02-01000 007 ****141.25 ****141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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* **DEAN M BERTRAND** **PRESIDENT**  
Signature and typed or printed name of signing general partner **THE NATIONAL PERDIEM CO APRIL 26 2002**  
Date **941-995-8608**  
Daytime Phone #

CR2E003 (9/01)