

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90005 012 \*\*\*550.00

**DOCUMENT # F00000004163**

1. Entity Name

**PERCEPTUAL ENGINEERING, INC.**

Principal Place of Business

**5409 WEST HIGHWOOD DRIVE  
 MINNEAPOLIS MN 55436**

Mailing Address

**5409 WEST HIGHWOOD DRIVE  
 MINNEAPOLIS MN 55436**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**41-1964303**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GIMENEZ, ESTENIO R  
 2651 NW 99TH AVENUE  
 CORAL SPRINGS FL 33065**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	CP	<input type="checkbox"/> Delete
NAME	<b>GREEN, STEPHANIE N</b>	
STREET ADDRESS	<b>5409 WEST HIGHWOOD DRIVE</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55436</b>	
TITLE	VC	<input type="checkbox"/> Delete
NAME	<b>GREEN, STEPHEN S</b>	
STREET ADDRESS	<b>1477 LINCOLN AVENUE</b>	
CITY-ST-ZIP	<b>ST. PAUL MN 55105</b>	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	<b>HOBDA, JOHN V</b>	
STREET ADDRESS	<b>5901 CHOWEN AVE. S.</b>	
CITY-ST-ZIP	<b>EDINA MN 55410</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>WEBER, KRISTEN</b>	
STREET ADDRESS	<b>1477 LINCOLN AVENUE</b>	
CITY-ST-ZIP	<b>ST. PAUL MN 55105</b>	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GIMENEZ, ESTENIO R</b>	
STREET ADDRESS	<b>2651 NW 99TH AVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE: Stephanie N Green 7/30/01 62-393-6020**