

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90038 045 ***150.00

0622671 AT

DOCUMENT # F00000004984

1. Entity Name

PERC ENGINEERING CO., INC.

Principal Place of Business

**P.O. BOX 1712
JASPER AL 35502-1712**

Mailing Address

**P.O. BOX 1712
JASPER AL 35502-1712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-0809066

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CORPDIRECT AGENTS****103 NORTH MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE FL 32301****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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME **PCD**
STREET ADDRESS **PARRISH, R. EVAN**
CITY-ST-ZIP **2502 ROLLING MEADOWS DRIVE
JASPER AL 35501**TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **INGLE, STEVEN R**
CITY-ST-ZIP **1272 FERN SPRINGS ROAD
ELDRIDGE AL 35554**TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **EARLY, LYNELL**
CITY-ST-ZIP **600 KEY ROAD
CARBON HILL AL 35549**TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **RIDDLESPIRGER, JOHNNY L**
CITY-ST-ZIP **3005 BRAKEFIELD DRIVE
FULTONDALE AL 35068**TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **REEVES, CHARLES M**
CITY-ST-ZIP **816 BEAVER CREEK ROAD
VERNON AL 35592**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 #

CR2E034 (9/01)