

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F68306

1. Entity Name  
PERCEPTION SYSTEMS, INCORPORATED

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90138 040 \*\*\*158.75

Principal Place of Business  
8117A NORTHBORO COURT.  
LAKE CLARKE SHORES FL 33406

Mailing Address  
8117A NORTHBORO COURT.  
LAKE CLARKE SHORES FL 33406



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2164895

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

LAND, DONALD O.  
8117A NORTHBORO COURT  
LAKE CLARKE SHORES FL 33406

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 \_\_\_\_\_ (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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCT  
NAME LAND, DONALD O ☐ Delete  
STREET ADDRESS 8117A NORTHBORO COURT  
CITY-ST-ZIP LAKE CLARKE SHORES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME LAND, BONNIE L. ☐ Delete  
STREET ADDRESS 8117A NORTHBORO COURT  
CITY-ST-ZIP LAKE CLARKE SHORES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ 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 of Donald O. Land  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2002 561-274-2316  
Date Daytime Phone #

CR2E034 (9/01)