

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003371

1. Entity Name

THE NATIONAL PERDIEM COMPANY

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90042 006 \*\*\*150.00

Principal Place of Business

Mailing Address

1313 N. MARKET ST  
#3410  
WILMINGTON DE 19801

1313 N. MARKET ST  
#3410  
WILMINGTON DE 19801-6103

2. Principal Place of Business

1013 CENTRE ROAD

3. Mailing Address

1013 CENTRE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WILMINGTON, DE

City & State

WILMINGTON, DE

4. FEI Number

65-0626215

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., STE 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

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCDS  
BERTRAND, DEAN M  
1417-3 DEL PRADO BLVD., STE 473  
CAPE CORAL FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
BEVERLY A. L. BERTRAND  
1417-3 DEL PRADO BLVD SUITE 473  
CAPE CORAL FL ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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:

DEAN M. BERTRAND

Date

Daytime Phone #

5/25/00 941-770-7489

CR2E034 (9/99)