

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90199 042 \*\*\*150.00

**DOCUMENT # F95000003371**

1. Entity Name  
**THE NATIONAL PERDIEM COMPANY**

Principal Place of Business

1013 CENTRE ROAD  
 WILMINGTON DE 19805  
 US

Mailing Address

1013 CENTRE ROAD  
 WILMINGTON DE 19805  
 US

2. Principal Place of Business

**2711 CENTERVILLE RD**

Suite, Apt. #, etc.  
**SUITE 400**

City & State  
**WILMINGTON, DE**

Zip  
**19808**

Country  
**USA**

3. Mailing Address

**2711 CENTERVILLE RD**

Suite, Apt. #, etc.  
**SUITE 400**

City & State  
**WILMINGTON, DE**

Zip  
**19808**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

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

**BERTRAND, DEAN M**  
**1417-3 DEL PRADO BLVD., STE 473**  
**CAPE CORAL FL 33990**

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, 2001 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

TITLE NAME	<b>PCDS</b> <b>BERTRAND, DEAM M</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1417-3 DEL PRADO BLVD., STE 473</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE NAME	<b>ST</b> <b>BEVERLY A. L. BERTRAND</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1417-3 DEL PRADO BLVD SUITE 473</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Dean M Bertrand* **DEAN M BERTRAND** 4/25/01 941-995-8608  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)