FILED

## 2003 FOR PROFIT CORPORATION

## Apr 17, 2003 8:00 am \$ Secretary of State **UNIFORM BUSINESS REPORT (UBR**) F96000002719 DOCUMENT # 1. Entity Name 04-17-2003 90136 026 \*\*\*150.00 PERRITT CAPITAL MANAGEMENT, INC. Principal Place of Business Mailing Address 10 S. RIVERSIDE PLAZA 12514 STARKEY RD STE 1520 LARGO FL 33773 LARGO FL 33773 US 2. Principal Place of Business 3. Mailing Address PO BOX 2369 Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 36-3538651 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ИS Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent rerald PERRITT, GERALD W Street Address (P.O. Box Number is Not Acceptable) 12514 STARKEY RD Tradi **LARGO FL 34643** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition Perritt, Gerald W PERRITT, GERALD W NAME NAMÉ 13306 Tradition Dr. STREET ADDRESS 8107 BARDMOOR PL #203E STREET ADDRESS CITY-ST-ZIP **LARGO FL 33777** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LATTZ, ROBERT NAME NAME STREET ADDRESS 1628 W BROWN ST STREET ADDRESS CITY-ST-ZÎP arlington hts il CITY-ST-ZIP Delete - --TITLE ☐ Change -☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachm

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7/P

☐ Delete

Change

☐ Addition