FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am Secretary of State DOCUMENT # G28153 1. Entity Name 04-29-2002 90072 032 \*\*\*158 PERMA-GUARD INDUSTRIES, INC. Mailing Address Principal Place of Business 6790 118TH AVE. N. 6790 118TH AVE. N. **LARGO FL 33773** LARGO FL 33773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FÉI Number 59-2270844 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEELEY, GREGORY Street Address (P.O. Box Number is Not Acceptable) 3924 CENTRAL AVENUE SAINT PETERSBURG FL 33711 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition Delete TITLE ☐ Change NAME DELAQUIL, PASCAL JR. NAME STREET ADDRESS STREET ADDRESS 6790 118TH AVE. N. CITY-ST-ZIP CITY-ST-7IP LARGO FL ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME Delaquil, Mark STREET ADDRESS STREET ADDRESS 6790 118TH AVE. N. CITY-ST-ZIP CITY-ST-ZIP Largo FL Delete ☐ Addition TITLE TITLE 4 - 2 -NAME DELAQUIL, GARY NAME STREET ADDRESS STREET ADDRESS 6790 118TH AVE., NORTH CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Delete ☐ Change ☐ Addition NAME PETERSON, S. SCOTT NAME STREET ADDRESS STREET ADDRESS 6790 118TH AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP LARGO FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition ST NAME DELAQUIL, ALICE STREET ADDRESS STREET ADDRESS 6790 118TH AVENUE NORTH CITY-ST-ZIP CITY-\$T-ZIP LARGO FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 ameddress with all other like empowered.

SIGNATURE:

President