

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H09360

1. Entity Name

CECIL PERRY, INC.

Principal Place of Business

12358 CR 101
OXFORD FL 34484
US

Mailing Address

12358 CR 101
OXFORD FL 34484-2934
US

2. Principal Place of Business

OXFORD, FL.

Suite, Apt. #, etc.

3. Mailing Address

12358 CR 101

Suite, Apt. #, etc.

City & State

OXFORD, FL.

City & State

OXFORD FL.

Zip

34484

Country

sumter

Zip

34484

Country

sumter

4. FEI Number

59-2429244

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

LONG, LYNNE P
12358 CR 101
OXFORD FL 34484

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

Lynne P. Long

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/2000

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	PVPS LONG, LYNNE P 12358 CR 101 OXFORD FL 34484	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lynne P. Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2000

(352) 489-3341(W)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90079 049 ***150.00



DO NOT WRITE IN THIS SPACE