

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H27621

1. Entity Name

JACK PERLMUTTER, P.A.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90095 002 ***150.00

Principal Place of Business

Mailing Address

JACK PERLMUTTER
500-B N. HARBOR CITY BLVD
MELBOURNE FL 32935-6862

% JACK PERLMUTTER
500-B N. HARBOR CITY BLVD
MELBOURNE FL 32904-1650

00032699



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

997 S. Wickham Road

Suite, Apt. #, etc.

Suite 2

City & State

Melbourne, FL

Zip

32904

Country

USA

3. Mailing Address

997 S. Wickham Road

Suite, Apt. #, etc.

Suite 2

City & State

Melbourne, FL

Zip

32904

Country

USA

4. FEI Number

59-2461092

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

PERLMUTTER, JACK
500-B N. HARBOR CITY BLVD
MELBOURNE FL 32935

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

TITLE PVS
NAME PERLMUTTER, JACK
STREET ADDRESS 563 A1A
CITY-ST-ZIP SATELLITE BCH FL

☐ Delete

TITLE TD
NAME PERLMUTTER, JACK
STREET ADDRESS 563 A1A
CITY-ST-ZIP SATELLITE BCH FL

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2000 407 728 0998
Date Daytime Phone #

CR2E034 (9/99)