

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H79500**

1. Entity Name

PERFUSION PERSONNEL, INC.**FILED**
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90086 026 ***158.75

Principal Place of Business

1120 SEVENTH AVE., NE
LARGO FL 33770
US

Mailing Address

1120 SEVENTH AVE., NE
LARGO FL 33770-1629
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2594852**

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

~~RORD, EDWIN I.
2307 W. BAY DR.
LARGO FL 33770~~

CHANGE

Name

EVERETT E. DALLACOSTA

Street Address (P.O. Box Number is Not Acceptable)

1120 7TH AVE NECity **LARGO****FL**Zip Code **33770**

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

EVERETT E. DALLACOSTA VICEPRESIDENT *Everett E. Dalla Costa* 1-18-00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** may be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	DALLA COSTA, KATHLEEN M.	
STREET ADDRESS	1120 SEVENTH AVE., NE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALLA COSTA, KATHLEEN M.	
STREET ADDRESS	1120 SEVENTH AVE., NE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	V.	<input type="checkbox"/> Delete
NAME	DALLA COSTA, EVERETT E.	
STREET ADDRESS	1120 7TH AVE., N.E.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen M. Dalla Costa

Date

Daytime Phone #

1/18/00 927-5864