

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90137 036 ***150.00

822515



DO NOT WRITE IN THIS SPACE

DOCUMENT # J06364

1. Entity Name

PATRICK H. PERRY, P.A.

Principal Place of Business

% PATRICK H. PERRY
 1330 NW 6TH ST STE A - PO BOX 1109
 GAINESVILLE FL 32602-8109

Mailing Address

% PATRICK H. PERRY
 1330 NW 6TH ST STE A - PO BOX 1109
 GAINESVILLE FL 32635-7250

2. Principal Place of Business

Patrick H. Perry
 Suite, Apt. #, etc.
4623 NW 53rd Ave

City & State
Gainesville, FL

Zip Country
32606 US

3. Mailing Address

Patrick H. Perry
 Suite, Apt. #, etc.
Post Office Box 357250

City & State
Gainesville, FL

Zip Country
32635-7250 US

4. FEI Number

59-2664082

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

PERRY, PATRICK H.
1330 NW 6TH STREET, SUITE A
GAINESVILLE FL 32601-8109
4623 NW 53rd Ave
Gainesville, FL
32606

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERRY, PATRICK H. 4623 NW 53RD AVE GAINESVILLE FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick H. Perry **3-13-2000 (352)-373-4141**

Date

Daytime Phone #

CR2E034 (9/99)