## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attac

SIGNATURE:

ress, with all other like empow

## FILED Mar 25, 2002 8:00 am § Secretary of State **DOCUMENT #** J06364 1. Entity Name PATRICK H. PERRY, P.A. 03-25-2002 90090 048 \*\*\*150.00 Principal Place of Business Mailing Address % PATRICK H. PERRY % PATRICK H. PERRY 4623 NW 53RD AVE 4623 NW 53RD AVE GAINESVILLE FL 32606 GAINESVILLE FL 32606 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2664082 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 PERRY, PATRICK H. 790 NW 43H St. Suite 200 Street Address (P.O. Box Number is Not Acceptable) 4623 NW 53RD AVE 2 **GAINESVILLE FL 32606** City Zip Code 8. The above named entity ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE d agent and title if applicable 9. This corporation is eligible to satisfy it FILE NOW!!! FEE IS \$150.00 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition NAME 5 Perry, Patrick H. NAME HERRY, PAINICK H. 4623 NW 53RD AVE 2790 NW 43rd St. GAINESVILLE EL 22006 SWILL 200 STREET ADDRESS STREET ADDRESS CITY ST-ZIP GAINESVILLE FL 32606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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