

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90067 002 ***150.00

DOCUMENT # J42233

1. Entity Name
PEREAU ENTERPRISES, INC.

Principal Place of Business
5037 HARVEY GRANT ROAD
ORANGE PARK FL 32003

Mailing Address
5037 HARVEY GRANT ROAD
ORANGE PARK FL 32003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2747104**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

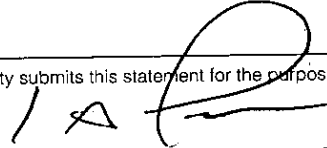
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PEREAU~~
~~PERGAY, KEITH~~
5037 HARVEY GRANT ROAD
ORANGE PARK FL 32003

Name **KEITH PEREAU**
 Street Address (P.O. Box Number is Not Applicable)
177 COUNTY RD 13 SOUTH
 City **ST AUGUSTINE** FL Zip Code **32092**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE **4/26/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

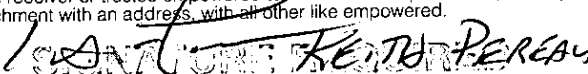
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	PEREAU, KEITH	5037 HARVEY GRANT ROAD ORANGE PARK FL 32003		<input type="checkbox"/>
VSD	PEREAU, LYDIA	5037 HARVEY GRANT ROAD ORANGE PARK FL 32003		<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	PEREAU KEITH	177 COUNTY RD 13 SOUTH	ST AUGUSTINE FL 32092	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VSD	PEREAU KEITH	177 COUNTY RD. 13 SOUTH	ST AUGUSTINE FL 32092	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (9/01)