

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90365 036 ***150.00

DOCUMENT # L24143

1. Entity Name
PERFECTION ENTERPRISES INC.

Principal Place of Business
% FRED HOWARD
11511 S W 12TH COURT
FORT LAUDERDALE FL 33325

Mailing Address
% FRED HOWARD
11511 S W 12TH COURT
FORT LAUDERDALE FL 33325



2. Principal Place of Business
17723 SE 92ND GRANTHAM TERR.
 Suite, Apt. #, etc.

3. Mailing Address
17723 SE 92ND GRANTHAM TERR.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
THE VILLAGES, FL.
Zip
32162
Country
USA

City & State
THE VILLAGES, FL.
Zip
32162
Country
USA

4. FEI Number **65-0169801**

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, FRED
11511 S W 12TH COURT
FT LAUDERDALE FL FL 33325

7. Name and Address of New Registered Agent

Name **HOWARD, FRED.**
Street Address (P.O. Box Number is Not Acceptable)
17723 SE 92ND GRANTHAM TERRACE
City **THE VILLAGES** **FL** **Zip Code** **32162**

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, 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

TITLE	V	<input type="checkbox"/> Delete
NAME	HOWARD, FRED	
STREET ADDRESS	11511 S W 12TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOWARD, JOYCE	
STREET ADDRESS	11511 S W 12TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL	
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	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, FRED	
STREET ADDRESS	17723 SE 92ND GRANTHAM TERRACE	
CITY-ST-ZIP	THE VILLAGES, FL. 32162	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, JOYCE	
STREET ADDRESS	17723 SE 92ND GRANTHAM TERRACE	
CITY-ST-ZIP	THE VILLAGES, FL. 32162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joyce Howard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02
 Date

352-751-0899
954-424-8254
 Daytime Phone #

CR2E034 (9/01)