

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000212

1. Entity Name
PERRY CREATIONS, L.C.

Principal Place of Business
SUNSET SQUARE, 301 BAKER STREET
MOUNT DORA FL 32757

Mailing Address
138 EAST CENTRAL AVENUE
HOWEY-IN-THE-HILLS FL 34737-3425



2. Principal Place of Business
3. Mailing Address

SUNSET SQUARE, 301 BAKER ST.

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 102

City & State City & State

MOUNT DORA, FL

Zip Country Zip Country

32757 U.S.A.

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3361066 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WITSMAN, EZRA R
138 EAST CENTRAL AVENUE
HOWEY-IN-THE-HILLS FL 34737

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME PERRY, ERIC W
STREET ADDRESS SUNSET SQUARE, 301 BAKER STREET, SUITE 102
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003249974--7
-05/12/00--01024--011
*****50.00 *****50.00

TITLE MGRM
NAME WITSMAN, EZRA R
STREET ADDRESS 138 EAST CENTRAL AVENUE
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME WITSMAN, CHARLES A
STREET ADDRESS 138 EAST CENTRAL AVENUE
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE RE-REGISTERED PERRY

04-25-2000 352-383-9400

Date Daytime Phone #