## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0100000622

1. Entity Name

PERSEUS FOUNDATION, INC.



**FILED** Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90073 045 \*\*\*\*61.25

Principal Place of Business 6322 MONTANA AVE		Mailing Address 6322 MONTANA AVE NEW PORT RICHEY FL 34653				ļ		-		• •		
NEW PORT RICHEY FL 34653												
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FE	4. FEI Number <b>59-3697892</b> Applied Fo				
Zip	Cou	untry	Zip	)	Сои	ntry	<b>5.</b> Ce	rtificate of Sta	tus Desired		\$8.75 Ad Fee Require	ditional
	6. Name and Ad	Idress of Current	<u> </u> Registere	d Agent			7. Na	me and Addr	ess of New F	Registered A	gent	
	# A			<del> </del>		Name		<del></del>	-		_	
KNIGHT, LAURA J						Street Add	ress (P.O. Box	s (P.O. Box Number is Not Acceptable)				
	ntana ave Rt Richey FL 346	:50								<del></del>		<del></del>
	<del>v</del>	)))				City					Zip Cod	le
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	named entity submi		r the purp	ose of changing its	s registere	ed office or re	egistered ager	t, or both, in t	ne State of Fi	orida. Tam i	amiliar with	and accept
the obligat	ions of registered ag	ent.										
		÷										
										DATE		<del></del>
SIGNATURE .	Signature, typed or printed	name of registered agent	and title if app	licable. (NO	E: Registere	d Agent signature	required when reins	tating)		DAIL		
SIGNATURE .			and title if app	9. Election Ca Trust Fund	mpaign F	inancing	\$5.00	May Be to Fees		ake Check		
	Signature, typed or printed	IS \$61.25		9. Election Ca Trust Fund	mpaign F Contributi	inancing	\$5.00 Added	May Be to Fees	Flori	ake Check da Depart	ment of	State
10.	Signature, typed or printed  FILE NOW: FEE			9. Election Ca Trust Fund	mpaign F Contributi	inancing on.	\$5.00 Added	May Be	Flori	ake Check da Depart	ment of	State
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Thereby centry that the minorination supplied with this iming does not quality for the exemption stated in Section 119.07(3)(1), Proride 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 emplwered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like propyered.

SIGNATURE:

02.09.03