

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005632

1. Entity Name

P.E.R.C. INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90104 020 ****61.25

Principal Place of Business 550 SW 12 AVE DEERFIELD BEACH FL 33442	Mailing Address 550 SW 12 AVE DEERFIELD BEACH FL 33442-3110
--	---



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

NOT APPLICABLE

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

PRICE, DAVID T
 550 SW 12 AVE
 DEERFIELD BEACH FL 33442

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, DAVID T	
STREET ADDRESS	550 SW 12 AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITELEATHER, GERALD K	
STREET ADDRESS	P O BOX 1735 N/A	
CITY-ST-ZIP	MEREDITH NH 03253	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHRIER, JOSEPH K	
STREET ADDRESS	19300 STORY ROAD	
CITY-ST-ZIP	ROCKY RIVER OH 44116	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALE, DAVID B	
STREET ADDRESS	HOPETOWN CREAT ABACO	
CITY-ST-ZIP	THE BAHAMAS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERNON MALONE	
STREET ADDRESS	HOPETOWN, GREAT ABACO, THE BAHAMAS	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 empowered.

SIGNATURE: David T. Price Date: 4-15-2000 Daytime Phone #: 954-421-9399

CR2E037 (9/99)