

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90015 010 ***150.00

DOCUMENT # P00000011693

1. Entity Name

WILLIAM E. PERRY CONSULTING SERVICES, INC.

Principal Place of Business

**16801 ALEXANDER RUN
JUPITER FL 33478**

Mailing Address

**16801 ALEXANDER RUN
JUPITER FL 33478**

2. Principal Place of Business

1660 S. Hillock Terrace

3. Mailing Address

1660 S. Hillock Terrace

Suite, Apt. #, etc.

INVERNESS, FL

Suite, Apt. #, etc.

City & State

INVERNESS, FL

4. FEI Number

65-0979090

Applied For

☒ Not Applicable

Zip

34452

Country

USA

Zip

34452

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERRY, WILLIAM E
16801 ALEXANDER RUN
JUPITER FL 33478**

7. Name and Address of New Registered Agent

Name

PERRY, WILLIAM E.

Street Address (P.O. Box Number is Not Acceptable)

1660 S. Hillock Terrace

City

INVERNESS

FL

Zip Code

34452

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 **D** ☐ Delete
NAME **PERRY, WILLIAM E**
STREET ADDRESS **16801 ALEXANDER RUN**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **PERRY, WILLIAM E.**
STREET ADDRESS **1660 S. Hillock Terrace**
CITY-ST-ZIP **INVERNESS, FL 34452**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. PERRY

Date

2-18-02

Daytime Phone #

352-860-0160

CR2E034 (9/01)