

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019073

1. Entity Name
CLIF PERRY ENTERPRISES, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90040 042 ***150.00

Principal Place of Business

Mailing Address

712 U.S. HIGHWAY ONE
SUITE 301-1
NORTH PALM BEACH FL 33408

712 U.S. HIGHWAY ONE
SUITE 301-1
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

724 PELICAN WAY

724 PELICAN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH PALM BEACH

City & State

NORTH PALM BEACH, FL

4. FEI Number

65-1006018

Applied For

Not Applicable

Zip

FL

Country

Palm Bch

Zip

33408

Country

Palm Bch

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

PERRY, CLIFTON W

712 U.S. HIGHWAY ONE

SUITE 301-1

NORTH PALM BEACH FL 33408

Name

CLIFTON W. PERRY

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

724 PELICAN WAY

City

NORTH PALM Bch

FL

Zip Code

33408

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

Clifton W. Perry

3/16/01

Signature, type 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, CLIFTON W 712 U.S. HIGHWAY ONE, SUITE 301-1 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Clifton W. Perry

Date

3/16/01

Daytime Phone #

561-626-2361

CR2E034 (10/00)