

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021967

1. Entity Name

PERMADECK CORPORATION

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90353 020 ***150.00

Principal Place of Business

22527 SUNSET AVE., BLDG. 2
PANAMA CITY BEACH FL 32413-3034

Mailing Address

22527 SUNSET AVE., BLDG. 2
PANAMA CITY BEACH FL 32413-3034

2. Principal Place of Business

22527 SUNSET AVE
Suite, Apt. #, etc.

Building # 2

City & State
PANAMA CITY Bch, FL

Zip
32413

Country
FLA

3. Mailing Address

22527 SUNSET AVE
Suite, Apt. #, etc.

BUILDING # 2

City & State
PANAMA CITY Bch, FL

Zip
32413

Country
FLA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3630041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BULLOCK, JIM
22527 SUNSET AVE., BLDG. 2
PANAMA CITY BEACH FL 32413-3034

7. Name and Address of New Registered Agent

Name

Jim Bullock

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

22527 SUNSET AVE

BUILDING # 2

City

PANAMA CITY Bch,

FL

Zip Code

32413

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

Jim Bullock

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/01

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JIM BULLOCK	
STREET ADDRESS	22527 SUNSET AVE.	
CITY-ST-ZIP	PANAMA CITY Bch, FL 32413	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	GAIL BULLOCK	
STREET ADDRESS	22527 SUNSET AVE.	
CITY-ST-ZIP	PANAMA CITY Bch, FL 32413	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	JIM BULLOCK	
STREET ADDRESS	22527 SUNSET AVE	
CITY-ST-ZIP	PANAMA CITY Bch, FL 32413	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	GAIL BULLOCK	
STREET ADDRESS	22527 SUNSET AVE	
CITY-ST-ZIP	PANAMA CITY Bch, FL 32413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jim Bullock* *Jim Bullock* 4/23/01 (850) 235-0412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)