

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90185 006 ***150.00

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DOCUMENT # P00000021967

1. Entity Name
PERMADECK CORPORATION



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
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3630041

☒ **Applied For**
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jim Bullock*
Signature, typed or printed name of registered agent and title if applicable.

Jim Bullock
(NOTE: Registered Agent signature required when reinstating)

4/22/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BULLOCK, JIM**
STREET ADDRESS **22527 SUNSET AVENUE**
CITY-ST-ZIP **PANAMA CITY FL 32413**

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

TITLE **VP** ☒ Delete
NAME **BULLOCK, GAIL**
STREET ADDRESS **22527 SUNSET AVE**
CITY-ST-ZIP **PANAMA CITY FL 32413**

☒ Change ☐ Addition
TITLE **VP**
NAME **BETHANY BULLOCK HOWELL**
STREET ADDRESS **142 KIMBRELL FARM DRIVE**
CITY-ST-ZIP **LOCUST GROVE, GA 30248**

TITLE **T** ☐ Delete
NAME **BULLOCK, JIM**
STREET ADDRESS **22527 SUNSET AVE**
CITY-ST-ZIP **PANAMA CITY FL 32413**

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

TITLE **S** ☒ Delete
NAME **BULLOCK, GAIL**
STREET ADDRESS **22527 SUNSET AVENUE**
CITY-ST-ZIP **PANAMA CITY FL 32413**

☒ Change ☐ Addition
TITLE **S**
NAME **JAY HOWELL**
STREET ADDRESS **142 KIMBRELL FARM DRIVE**
CITY-ST-ZIP **LOCUST GROVE, GA 30248**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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 607, 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: *Jim Bullock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 *(850) 819-6107*
Date Daytime Phone #

CR2E034 (10/02)