

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90369 048 ***150.00

DOCUMENT # P00000032707

1. Entity Name
PERMA-PLATE CORPORATION

Principal Place of Business Mailing Address

3271-4 ROYAL CANADIAN TRACE SW **3271-4 ROYAL CANADIAN TRACE SW**
FT MYERS FL 33907 **FT MYERS FL 33907**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

18701 ORIOLE RD **18701 ORIOLE RD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Ft Myers, FL **Ft Myers, FL**

Zip Country Zip Country

33912 **USA** **33912** **USA**

4. FEI Number Applied For

65-0995699 Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE SUITE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

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]* **PAUL R HERBISON, DIRECTOR** **4/29/02**

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 <input type="checkbox"/> Delete |
| NAME | HERBISON, PAUL R |
| STREET ADDRESS | PO BOX 590 |
| CITY-ST-ZIP | CEDAR CREST NM 87008 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | Secretary / TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JUDITH A BAKER |
| STREET ADDRESS | PO BOX 590 |
| CITY-ST-ZIP | Cedar Crest, NM 87008 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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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]* **JUDITH A BAKER, S/T 4/27/02-281-4956** **PAUL R HERBISON, PRES PERMA-PLATE CORP 281-4956**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)