

9/14/01-90002-030-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000035193**1. Entity Name
PERVIS ENTERPRISES, INC.

Principal Place of Business

**11419 PALM PASTURE DR
TAMPA FL 33635**

Mailing Address

**11419 PALM PASTURE DR
TAMPA FL 33635**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3634320

Applied For

Not Applicable

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

Fee Required

6. Name and Address of Current Registered Agent

**WIELAND, SUSAN R
11419 PALM PASTURE DR
TAMPA FL 33635**

7. Name and Address of New Registered Agent

Name **Foster, Susan W.**

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

Same

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

*Susan R. Foster**(Name change due to marriage)***8-29-01**

(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 \$550.00****After September 12, 2001 Fee will be \$750.00
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 NAME **Chris Foster** ☐ Delete
STREET ADDRESS **11419 PALM PASTURE DR.**
CITY-ST-ZIP **Tampa, FL 33635**TITLE NAME **Susan Foster** ☐ Delete
STREET ADDRESS **11419 Palm Pasture Dr.**
CITY-ST-ZIP **Tampa, FL 33635**TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

Susan R. Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8-29-01**

Date

813-289-9133

Daytime Phone #

FILED

01 OCT 19 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2034 (5/01)