## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 08, 2003 8:00 am Secretary of State 05-08-2003 90175 014 \*\*\*150.00

DOCUMENT# PUUUUUU380TT  1. Entity Name NARCISO PEREZ INSTALLATIONS, INC.									03-00	-2003 301	75 014	130.00	
Principal Place of Business 3802-Y W. KIMBALL AVE. TAMPA FL 33814			Mailing Address 3802-V W. KIMBALL AVE. TAMPA FL 33614										
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.		FEI Number 59-3642549		Applied For Not Applicable			
Zip Country			Zip		Coun	try		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Curre			nt Registered Agent			7.		Name and Address of New Register		w Registered	red Agent		٠.
	=					Name			<u> </u>		<del>-,</del>		-
PEREZ, NA 3802-V W. TAMPA FL	KIMBALL A	AVE.	•		<del>-</del> 25-52	Street Addre	ess (P.O. B	Box Numbe	r is Not Accepte	ible)			
	,,					City			,	FL	Zip Code	9	
		y submits this statement						ont or both	s in the State of		- 1	and accept	1
SIGNATURE -	ILE NOW!	or printed name of registered age		%cable. (NOT	E: Registere	d Agent signature re	quired when r	9, Ele	ction Campaign			May Be	
Make Check	r may 1, 20 ςPayable t	o Fiorida Department	of State									_	]
10.		OFFICERS AN	ID DIRECTO	RS	11.		A[	DOITIONS	CHANGES TO	OFFICERS AN			ءَ ا
TITLE ` TE	PD PEREZ, N	. KIMBALL AVE.	,	☐ Delete							Change	Addition	CD2E024 (10/02)
TITLE NAME STREET ADDRESS	Transport			Delete		li li	•				☐ Change	Addition	ğ
CITY-ST-ZIP TITLE NAME				Delete	, TITL	E						Addition	-
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP			<u> </u>		☐ Change	☐ Addition	}
TITLE NAME STREET ADDRESS CITY-SI-ZIP		<del>-</del>	•	□ Delete									
TITLE NAME STREET ADDRESS			<del></del>	☐ Delate							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY_ST_7IP				C) Delete	TITI NAI STR	E ME EET ADDRESS Y-ST-ZIP					☐ Change	☐ Addition	
12. I hereby indicated of the co	certify that to d on this rep progration of	he information supplied of the receiver or trustee en	with this filing ort is true and mpowered to	g does not qualify for accurate and that execute this report that like emonwater			in Section the same or 607, Flor	n 119.07(3) e legal effec rida Statute	(i), Florida Statu it as if made un is; and that my	tes. I further c der oath; that name appears	ertify that the i am an officer in Block 10 o	nformation or director r Block 11 if	