

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91292 038 ***158.75

DOCUMENT # P00000047718

1. Entity Name

Perfect Processing Services, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1800 Blanding Blvd.

Suite, Apt. #, etc.

Suite #36

City & State

Jacksonville FL.

Zip

32210

Country

U.S.

3. Mailing Address

P.O. Box 40741

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32203

Zip

Country

4. FEI Number

59-3646925

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

A0067963

6. Name and Address of Current Registered Agent

Latonya D. Kearse

1800 Blanding Blvd, suite #36

Jax, FL 32210

7. Name and Address of New Registered Agent

Name

N/A

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 Latonya D. Kearse

LATONYA D. KEARSE

4-26-01

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, 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 Owner ☐ Delete
 NAME Latonya D. Kearse
 STREET ADDRESS 1800 Blanding Blvd #36
 CITY-ST-ZIP Jax, FL 32210

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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)(f), 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: Latonya D. Kearse LATONYA D. KEARSE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

CR2E034 (11/00)