

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State
 09-29-2002 90001 010 ***550.00

DOCUMENT # P00000047718

1. Entity Name
PERFECT PROCESSING SERVICES, INC.

Principal Place of Business
1800 BLANDING BLVD
SUITE #36
JACKSONVILLE FL 32210

Mailing Address
P.O. BOX 40741
JACKSONVILLE FL 32203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1045 Ardoon St
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 40741
 Suite, Apt. #, etc.

City & State
Jacksonville, Florida
 Zip
32208
 Country
US

City & State
Jacksonville, Florida
 Zip
32203
 Country
US

4. FEI Number **59-3646925** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KEARSE, LATONYA D
1800 BLANDING BLVD
SUITE #36
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name **Kearse, Latonya D**
 Street Address (P.O. Box Number is Not Acceptable)
1045 Ardoon St
 City **Jacksonville** **FL** Zip Code **32208**

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 *Latonya D. Kearse* *Latonya D. Kearse* *9-11-02*
 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 \$550.00
After September 13, 2002 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	P KEARSE, LATONYA D <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1800 BLANDING BLVD #36 - New Address JACKSONVILLE FL 32210
TITLE NAME	P Kearse, Latonya D <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1045 Ardoon St Jacksonville, FL 32208
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

CR2E034 (4/02)

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: *Latonya D. Kearse* *Latonya D. Kearse* *904 742-4102*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #