

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90126 027 ***158.75

DOCUMENT # P00000047718

1. Entity Name
PERFECT PROCESSING SERVICES, INC.



Principal Place of Business
**1045 ARDOON ST
JACKSONVILLE FL 32208**

Mailing Address
**PO BOX 40741
JACKSONVILLE FL 32203**



2. Principal Place of Business
1441 Manotak Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

Suite #1005

City & State

City & State

4. FEI Number **59-3646925**

Applied For

Not Applicable

Jacksonville, Florida

Zip

Country

Zip

Country

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

32210

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEARSE, LATONYA D
1045 ARDOON ST
JACKSONVILLE FL 32208**

Name

LATONYA Kearse

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

1441 Manotak Ave. #1005

City

Jacksonville

FL

Zip Code

32210

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 2-6-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KEARSE, LATONYA D**
STREET ADDRESS **1045 ARDOON ST**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **President** ☒ Change ☐ Addition
NAME **Kearse, LATONYA D**
STREET ADDRESS **1441 Manotak Ave. #1005**
CITY-ST-ZIP **Jax. FL. 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LATONYA D. Kearse** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-03
Date

904742-4102
Daytime Phone #

CR2E034 (10/02)