

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90322 017 \*\*\*150.00

**DOCUMENT # P00000054902**

**1. Entity Name**  
**A PERFECT 10, INC.**

**Principal Place of Business**  
**5441 JAMES ST**  
**NEW PORT RICHEY FL 34652**

**Mailing Address**  
**5441 JAMES ST**  
**NEW PORT RICHEY FL 34652**

**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** **59-3647373**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**EDWARDS, KINDRA L**  
**9406 GREY FOX LANE**  
**PORT RICHEY FL 34668**

Name

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]*  
 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PSTD** ☐ Delete  
**NAME** **EDWARDS, KINDRA L**  
**STREET ADDRESS** **9406 GREY FOX LANE**  
**CITY-ST-ZIP** **PORT RICHEY FL 34668**

**TITLE** **President** ☒ Change ☐ Addition  
**NAME** **Steadham, Kindra**  
**STREET ADDRESS** **5441 James St.**  
**CITY-ST-ZIP** **New Port Richey, FL 34652**

**TITLE** **VD** ☐ Delete  
**NAME** **SPIVEY, APRIL**  
**STREET ADDRESS** **9406 GREY FOX LANE**  
**CITY-ST-ZIP** **PORT RICHEY FL 34668**

**TITLE** **Vice President** ☒ Change ☐ Addition  
**NAME** **Alu, April**  
**STREET ADDRESS** **5441 James St**  
**CITY-ST-ZIP** **New Port Richey, FL 34652**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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)(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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-16-02**  
 Date

**(727) 847-2210**  
 Daytime Phone #

CR2E034 (4/02)

Attachment: P000000054902  
122383

A Perfect 10  
5441 James Street  
New Port Richey, FL 34652

July 17, 2002

Department of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: A Perfect 10, Inc.

Dear Sir or Madam:

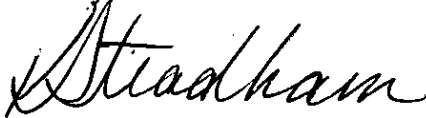
Please be advised that I have received a 2<sup>nd</sup> notice on the above corporation.

I did not receive the first (1<sup>st</sup>) notice. If it was mailed in March and was unable to be forwarded, please be advised I moved in March.

I have enclosed my renewal fee of \$150.00 and ask the Department to waive penalty fee.

Should you require any additional information, please let me know.

Sincerely,

  
Kindra L. Steadham, Pres.