

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90146 007 \*\*\*150.00

**DOCUMENT # P00000076365****1. Entity Name**  
**PERFECTION CONNECTIONS, INC.****Principal Place of Business**  
**35 WATERBRIDGE PLACE**  
**PONTE VEDRA BEACH FL 32082****Mailing Address**  
**35 WATERBRIDGE PLACE**  
**PONTE VEDRA BEACH FL 32082****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number 59-3665785**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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****DOYLE, WILLIAM E**  
**2002 SOUTHSIDE BLVD, SUITE 201**  
**JACKSONVILLE FL 32216**

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, 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** **D** ☐ Delete  
**NAME** **SCHRAMM, JOHN**  
**STREET ADDRESS** **35 WATERBRIDGE PLACE**  
**CITY-ST-ZIP** **PONTE VEDRA BEACH FL 32082****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP****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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8/13/02****904) 273-6656**  
Daytime Phone #

CR2E034 (4/02)

Attachment

Perfection Connections, Inc.  
35 Waterbridge Place  
Ponte Vedra Beach, FL 32082  
904-273-6656

PO0000076365  
124000

July 10, 2002

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: FEIN 59-3665785

To Whom It May Concern:

Please be advised that the above named corporation did not receive prior notice of the 2002 Uniform Business Report. In compliance with the instructions, I am forwarding a check in the amount of \$150.00 for the original filing fee.

Thank you for your assistance in this matter.

Sincerely,



John D. Schramm  
President

JDS:jes