

2001 UNIFORM BUSINESS REPORT (UBR)

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

00125886 AV

DOCUMENT # P00000089732

1. Entity Name
PERRAULT ENTERPRISES, INC.

09-17-2001 90153 006 ***558.75

Principal Place of Business
1707 SIMONTON AVENUE
ORLANDO FL 32806

Mailing Address
1707 SIMONTON AVENUE
ORLANDO FL 32806



2. Principal Place of Business *JAMES II* 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3668502** Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

PERRAULT, THOMAS G
1707 SIMONTON AVENUE
ORLANDO FL 32806

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 12, 2001 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 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

TITLE **PD**
 NAME **PERRAULT, THOMAS G**
 STREET ADDRESS **1707 SIMONTON AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **PERRAULT, EILEEN E**
 STREET ADDRESS **1707 SIMONTON AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32806**

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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: *Thomas G Perrault - President* 9/11/01 321-377-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)