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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101189 1. Entity Name RONALD R. PERKINS, INC.				Secretary of State 02-21-2002 90001 008 ***150.00			
Principal Place of Business Mailing Address				_			
2950 CURRY LANE NOKOMIS FL 34275		2950 CURRY LANE NOKOMIS FL 34275					
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 65-0998373	CE_0000272		
Zip Country		Zip Country		5. Certificate of Status Desired	Certificate of Status Desired \$8.75 Additional		
·	6. Name and Address of Current F	Registered Agent		7. Name and Address of New R	ree nequire	d	
%		. <u>*</u>	Name				
PERKINS, TERESA M 2950 CURRY LANE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
NOKOMIS FL 34275							
¢ .			City	FL Zip Code			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature Apped or printed notice of registered agent and title if applicable. (NOTE: Register FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to D			FEE IS \$150.00 2 Fee will be \$550.0	will be \$550.00 Trust Fund Contribution.			
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PERKINS, RONALD R 2950 CURRY LANE NOKOMIS FL 34275	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERKINS, TERESA M 2950 CURRY LANE NOKOMIS FL 34275	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
indicated	certify that the information supplied with to don this report or supplemental report is to poration or the receiver or trustee empoyer, or on an attachment with an Societies with	rue and accurate and that my	signature shall have th	he same legal effect as if made under o	oath; that I am an officer	or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

941-485-4951

Daytime Phone