

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000103740**

1. Entity Name

LA PERLA DEVELOPMENT GROUP, INC.

Principal Place of Business

**6880-46TH AVE NORTH STE 240
ST PETERSBURG FL 33709**

Mailing Address

**6880-46TH AVE NORTH STE 240
ST PETERSBURG FL 33709**

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

31-1760388

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**REED, JOHN W
6880-46TH AVE NORTH STE 240
ST PETERSBURG FL 33709**

7. Name and Address of New Registered Agent

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	D. REED	<input type="checkbox"/> Delete
NAME	ED, JOHN W.	
STREET ADDRESS	6880-46TH AVE NORTH STE 240	
CITY-ST-ZIP	ST PETERSBURG FL 33709	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John W. Reed	
STREET ADDRESS	9000-94th Ave. N.	Correction
CITY-ST-ZIP	Seminole, FL 33777	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Reed, PresidentDate **4/4/01** (727) **541-0894** Daytime Phone**FILED**
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90029 016 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)