

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000114468**1. Entity Name
PERDUE ACQUISITION COMPANY, INC.

Principal Place of Business	Mailing Address
8443 BAYMEADOWS ROAD	8443 BAYMEADOWS ROAD
JACKSONVILLE FL 32256	JACKSONVILLE FL 32256

2. Principal Place of Business
2323 CLEVELAND AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS FL

City & State

4. FEI Number
62-1843001Applied For
Not ApplicableZip Country
339015. 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**SUMMERS VICTOR B
8443 BAYMEADOWS ROAD

Name

Street Address (P.O. Box Number is Not Acceptable)

JACKSONVILLE FL
32256

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 _____ **02/14/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME TS
STREET ADDRESS MAHONEY KENNETH J
CITY-ST-ZIP 11415 GRANITE STREET NC 28241TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS MCANALLEN THOMAS MR.
CITY-ST-ZIP 11415 GRANITE STREET NC 28241TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME PRES
STREET ADDRESS SUMMERS VICTOR BMR.
CITY-ST-ZIP 8443 BAYMEADOWS ROAD FL 32256TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Victor B. Summers

Pres 02/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)