FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90073 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029240

1. Entity Name
DAVE PERRAS INC.

Principal Place of Business	Mailing Address
6320 BAYSIDE KEY DRIVE TAMPA, FL 33615	6320 BAYSIDE KEY DRIVE TAMPA, FL 33615

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
18615 Le Dauphine Place		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lutz FL		City & State	
Zip: 33558	Country: Hillsborough	Zip	Country

4. FEI Number: 59-3707672 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRAS, DAVE
6320 BAYSIDE KEY DRIVE
TAMPA, FL 33615

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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PERRAS, DAVE		NAME	
STREET ADDRESS	~~6320 BAYSIDE KEY DRIVE~~ 18615 Le Dauphine Pl		STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA, FL 33615~~ Lutz FL 33558		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Perras DAVID PERRAS 8-7-03 813-967-2165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment#
801380600
P01000029240

8-7-03

Division of Corporations
PO Box 1500
Tallahassee FL 32302-1500

Ref: UBR Filing

Please accept my apology for this late filing. I moved twice during the calender year 2002 and did not receive a renewal notice. It would be greatly appreciated if you would waive the penalty fee.

Thank you for your consideration.

Sincerely,

Dave Pena
18615 Le Dauphine Place
Lutz FL 33558