

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90930 031 \*\*\*150.00

DOCUMENT # **0100004648**

1. Entity Name

**PERVA TRANSPORTATION SERVICES II**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1458 NATURAL WALK DR**

Suite, Apt. #, etc.

3. Mailing Address

**1458 NATURAL WALK DR**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Spring Hill FL**

City & State

**Spring Hill FL**

4. FEI Number

**ID # 65-1109049**

Applied For

Not Applicable

Zip

**34606**

Country

**USA**

Zip

**34606**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**JACK MARCHUSE**

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

**1458 NATURAL WALK DR**

City

**Spring Hill**

FL

Zip

**34606**

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P/T  
JACK MARCHUSE  
1458 NATURAL WALK DR  
SPRING HILL FL 34606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V/S  
NICHOLAS MARCHUSE  
1458 NATURAL WALK DR  
SPRING HILL FL 34606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SPRING HILL FL 34606**

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JACK MARCHUSE**

Date

**6/15/02 1-352-688-2888**

Daytime Phone #

CR2E034B (12/01)

Attachment  
Doc# P01000046459  
870070

June 14, 2002

Division of Corporation  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, FL 32302

Gentlemen:

Enclosed herewith please find check in the sum of \$150.00 together with 2002 Uniform Business Report. I apologize for the lateness in this regard, but this is my first full year in business (incorporated 5/1/02) and I was unaware the Report was due inasmuch as I never received notice for such filing. I was in New York for the months of December, 2001, and January, 2002, at which time my mail was being forwarded to me. I believe the Report might have been lost in the mail at that time.

Thank you for your kind consideration.

PEQUA TRANSPORTATION SERVICES, INC.

*Jack Marchese*

Jack Marchese  
Fed. ID #65-1109049