

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90158 010 ***150.00

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DOCUMENT # P01000056988

1. Entity Name

JEFFREY D. PERRY, P.A.



Principal Place of Business

413 W OAK ST
KISSIMMEE FL 34741

Mailing Address

413 W OAK ST
KISSIMMEE FL 34741

2. Principal Place of Business

PRUDENTIAL FLORIDA

3. Mailing Address

1001 CHERRY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1001 Cherry St

☐ CHECK HERE IF MAKING CHANGES

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-3721565

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

34741

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, JEFFREY D
413 W OAK ST
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

JEFFREY D. PERRY

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

2711 SCARBOROUGH DR.

City

KISSIMMEE

FL

Zip Code

34741

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

Jeffrey D. Perry

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/31/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME D
STREET ADDRESS PERRY, JEFFREY D
CITY-ST-ZIP 413 W OAK ST.
KISSIMMEE FL 34741

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jeffrey D. Perry

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

407-973-1292

Daytime Phone #

CR2034 (10/02)