

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90171 025 \*\*\*150.00

**DOCUMENT # P01000057594**

1. Entity Name  
**PERFECT SERVICE INDUSTRIES, INC.**

Principal Place of Business  
**798 BELTED KING FISHER DRIVE**  
**PALM HARBOR FL 34683**

Mailing Address  
**798 BELTED KING FISHER DRIVE**  
**PALM HARBOR FL 34683**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~4495 LAKE VALLARTA BLVD~~  
 Suite, Apt. #, etc.  
**120 S. OSCEOLA RD**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Palm Harbor Belleair, FL**

City & State

Zip  
**34683/33156**

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KATZMAN, STEVE**  
**798 BELTED KING FISHER DRIVE N**  
**PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name  
**ERIC VOORHEIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~4495 LAKE VALLARTA BLVD~~  
**120 S. OSCEOLA RD.**  
 City  
~~Palm Harbor~~ **BELLEAIR** **FL** Zip Code  
~~34683~~ **33156**

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 *Eric Voorheis*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/04/02**

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, 2002 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  
 NAME **STEVE KATZMAN** ☒ Delete  
 STREET ADDRESS **798 BELTED KING FISHER D**  
 CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME **PRESIDENT, SEC. TREAS (D)** ☐ Change ☒ Addition  
 STREET ADDRESS **ERIC VOORHEIS**  
 CITY-ST-ZIP **4495 LAKE VALLARTA BLVD**  
**PALM HARBOR, FL 34683**

TITLE  
 NAME **PRESIDENT, SEC. TREAS (D)** ☐ Change ☒ Addition  
 STREET ADDRESS **ERIC VOORHEIS**  
 CITY-ST-ZIP **120 S. OSCEOLA RD**  
**BELLEAIR, FL 33156**

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

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

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TITLE  
 NAME ☐ Change ☐ Addition  
 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: *Eric Voorheis* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/4/02**

Date

**727 462 9992**

Daytime Phone #

CR2E034 (9/01)