

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90058 035 ***150.00

0031231 AV

DOCUMENT # P01000058068

1. Entity Name

PERRY ELECTRICAL SERVICES, INC.

Principal Place of Business

Mailing Address

~~6809 RAMOTH DR.~~
~~JACKSONVILLE FL 32226~~

~~6809 RAMOTH DR.~~
~~JACKSONVILLE FL 32226~~

2. Principal Place of Business

3. Mailing Address

531 Atlantic Blvd.

531 Atlantic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #5

Suite #5

City & State

City & State

Atlantic Beach, FL

Atlantic Beach, FL

Zip

Country

Zip

Country

32233

USA

32233

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINTER, CURTIS

6809 RAMOTH DR.

JACKSONVILLE FL 32226

Name

Dennis E. Hayes

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

2320 The Woods Dr. W.

City

Jacksonville

FL

Zip Code

32246

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 type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

4/4/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **WINTER, CURTIS**
CITY-ST-ZIP **6809 RAMOTH DR.**
JACKSONVILLE FL 32226

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **KNOUSE, SCOTT**
CITY-ST-ZIP **111 MILL ST.**
GROVE CITY PA 16127

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **PERRY, JOHN R**
CITY-ST-ZIP **8468 OLD KINDS RD. N.**
JACKSONVILLE FL 32219

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DUBBERLY, BOBBY S**
CITY-ST-ZIP **1834 STARWAN RD. EAST**
JACKSONVILLE FL 32211

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

1/17/2002 (904) 246-1588

CR2E034 (9/01)