

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0122643 AT

DOCUMENT # P01000059400

1. Entity Name
PER CONSULTING INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 10 PM 3:36

Principal Place of Business
5009 BRANDED OAKS CT.
TALLAHASSEE FL 32311

Mailing Address
5009 BRANDED OAKS CT.
TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERKINS, JACQUELINE Y
3437 BLUE JAY DR.
TALLAHASSEE FL 32310

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D PERSAUD, NARAYAN 5009 BRANDED OAKS CT. TALLAHASSEE FL 32311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, JACQUELINE Y 3437 BLUE JAY DR. TALLAHASSEE FL 32310	<input type="checkbox"/> Delete
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000022943530
09/11/03--01003--001 **150.00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

P.E.R. CONSULTING, INC.
5009 Branded Oaks Ct.
Tallahassee, FL. 32311
(850) 656-3147/(850) 671-2663


Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter serves as a request for waiver of the \$400.00 late fee that has been imposed for the UBR filing fee. We did not submit the original filing fee of \$150.00 because we did not receive the prior notice.

We would appreciate your consideration of our request. If you have questions or require additional information/documentation, please contact me at (850) 656-3147 or Dr. Narayan Persaud at (850) 671-2663.

Sincerely;


Jacqueline Y. Perkins
Co-Director