

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # PD1000076348

1. Entity Name

Perceptives of Collier County Inc.

*Not  
Not file*

02 OCT 31 PM 6:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## DO NOT WRITE IN THIS SPACE

976636

2. Principal Place of Business

789 103<sup>rd</sup> AVE. N.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip 34109

Country

Zip

Country

4. FEI Number

593736395

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name NICHOLAS WARDEIN

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

789 103<sup>rd</sup> STREET NORTH

City NAPLES

FL

Zip Code

34109

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

(NOTE: Registered Agent signature required when reinstating)

DATE 10-15-2002

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	<u>PRESIDENT</u> <u>Nicholas WARDEIN</u> <u>789, 103<sup>rd</sup> ST. NORTH</u> <u>NAPLES, FL 34109</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Robert WARDEIN</u> <u>7746 CIRCUSHILL LANE</u> <u>NAPLES, FL 34109</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>Robert ANSURES</u> <u>4214 23<sup>rd</sup> PLACE SW</u> <u>NAPLES, FL 34116</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 10-15-2002

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

976634

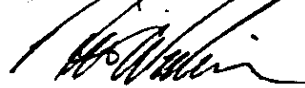
PO 1000076348

The Division of Corporations  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL

To Whom it May Concern,

In a phone conversation I had on August 9<sup>th</sup> I was informed that since I had not received the original mailing, all I needed to do was send in this letter explaining what had happened, and a check for 150.00 Thank you in advance for your help in this matter.

Thank you -



NICHOLAS WARDEN

PRESIDENT - PERSPECTIVES  
OF CALVER COUNTY  
FLA.

2764 Sebastian CT.  
Jacksonville, FL 32224

904-992-4994

October 29, 2002

Dear Sir,

I would like to apologize for any set backs or confusion in maintaining this corporation. This is all pretty new to me and I am getting more familiar with the process.

I Called to find out that I neglected to list myself as the owner of my company and as a result received a Notice of Administrative Dissolution. The gentleman I had spoken to said that computer records showed that all other fees and documents were up to date — I only needed only to list myself as owner and sign.

I hope this puts everything back on track. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Dale Potruski".

Dale Potruski  
904-992-4994