

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2003 8:00 am**  
**Secretary of State**

06-03-2003 90039 021 \*\*\*150.00

DOCUMENT # *P01000103737*

1. Entity Name

*PERKINS PAINTING, INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*334 CAEN COURT*

3. Mailing Address

*334 CAEN COURT*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*KISSIMMEE, FL*

City & State

*KISSIMMEE, FL*

4. FEI Number

*59-3756357*

Applied For

Not Applicable

Zip

*34759*

Country

*USA*

Zip

*34759*

Country

*U.S.A*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name *SALAZAR, IVAN A.*

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

*9753 S. ORANGE BLVD TRAIL STE 202*

City *ORLANDO*

**FL**

Zip Code *32837*

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *PD*  
NAME *PERKINS, OSCAR*  
STREET ADDRESS *334 CAEN COURT*  
CITY-ST-ZIP *KISSIMMEE FL 34759*

TITLE *TD*  
NAME *PERKINS, AIDA*  
STREET ADDRESS *10712 HOBBIT CR #2-303*  
CITY-ST-ZIP *ORLANDO FL 32836*

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*AIDA PERKINS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*05-29-03 (407)3835772*

Date

Daytime Phone #

CR2E034B (12/02)

Attachment  
80124079

PO1000103737

UNIFORM BUSINESS REPORT

DIVISION OF CORPORATIONS

PO BOX 1500

TALLAHASSEE, FL 32302

I WANT TO NOTIFY YOU THAT I didn't received  
the FORM 201.COR PROFIT A/R by MAY, 2003, so  
I CALLED TO YOUR OFFICE AND MADE A REQUEST.

I RECEIVED THE FORM 201.COR PROFIT A/R by MAY, 25  
SO- IT WAS IMPOSSIBLE TO ME SEND IT BEFORE  
MAY, 1ST.

With this letter are enclosed:

- THE FORM 201.COR PROFIT A/R COMPLETED AND SIGNED.
- CHECK #1106 FOR US\$150.00 FOR FEE.

OSCAR PERKINS