

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90361 047 ***150.00

DOCUMENT # P02000019383

1. Entity Name
PERCS USA, INC.



Principal Place of Business
**2333 CAERLEON ROAD
CLEARWATER FL 33764**

Mailing Address
**C/O TEMPLE H. DRUMMOND, ESQ
POST OFFICE BOX 9253
TAMPA FL 33601-2253**

33043700

2. Principal Place of Business

401-B Yelvington Ave
Suite, Apt. #, etc.

3. Mailing Address

C/O Temple H. Drummond, Esq.
6714 113th Avenue
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Clearwater, FL

City & State

Temple Terrace, FL

4. FEI Number

04-3636947

Applied For

☐ Not Applicable

Zip

33755

Country

USA

Zip

33617

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H
100 S. ASHLEY DRIVE, SUITE 1600
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **Temple H. Drummond, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
6714 113th Avenue
City **Temple Terrace** **FL** Zip Code **33617**

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 **Temple H. Drummond, Temple H. Drummond**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/17/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **D** ☐ Delete
NAME **WORKMAN, STEPHEN S**
STREET ADDRESS **2333 CAERLEON ROAD**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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: **Stephen S. Workman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03

Date

727-447-4200

Daytime Phone #

CR2E034 (10/02)