

FILED
May 14, 2003 8:00 am
Secretary of State

04-18-2003 90145 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000042320

1. Entity Name
PERDEMP, INC.



Principal Place of Business
4428 48TH AVENUE SOUTH
ST. PETERSBURG FL 33711

Mailing Address
4428 46TH AVENUE SOUTH
ST. PETERSBURG FL 33711

55040790



2. Principal Place of Business

3. Mailing Address

3773 CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. C5187

City & State

City & State

ST PETERSBURG FL

Zip

Country

Zip

Country

33713

USA

4. FEI Number

02-0613985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMPSEY, PERRY

4428 48TH AVENUE SOUTH

ST. PETERSBURG FL 33711

Name

J.M. WINEBRENNER

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

3773 CENTRAL AVE., Ste. C5187

City

ST. PETERSBURG

FL

Zip Code

33713

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]

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

5/12/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEMPSEY, PERRY
4428 48TH AVENUE SOUTH
ST. PETERSBURG FL 33711 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 (10/02)