

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90102 047 ***550.00

DOCUMENT # P02000052182

1. Entity Name

A PERFECT MIX OF CENTRAL FLORIDA, INC.



Principal Place of Business

**124 TATE COURT
ORLANDO FL 32828**

Mailing Address

**124 TATE COURT
ORLANDO FL 32828**

2. Principal Place of Business

1456 SR 436

Suite, Apt. #, etc.

3. Mailing Address

c/o Mitchell & Roediger, CPAs

Suite, Apt. #, etc.
2806 N Alvernon Way

City & State

Casselberry, FL

City & State

Tucson, AZ 85712

4. FEI Number

02-0632918

Applied For

Not Applicable

Zip

32707

Country

USA

Zip

85712

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DVORES, HARRIS N
5141 GARLANGER TRAIL
OVIEDO FL 32765**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **SHAW, SCOTT M**
STREET ADDRESS **3925 FLOWING WELLS ROAD**
CITY-ST-ZIP **TUSCON AZ 85705**

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 **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S Leslie Kittrell**
STREET ADDRESS **124 Tate Ct.**
CITY-ST-ZIP **Orlando, FL 32828**

TITLE ☐ Change ☒ Addition
NAME **V Malcolm Ayer**
STREET ADDRESS **13804 Fontana Ln**
CITY-ST-ZIP **Leawood, KS 66224**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03 (321)2584021
Date Daytime Phone #

CR2E034 (4/03)