

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90130 004 ***150.00

DOCUMENT # P02000064986

1. Entity Name
N.J.PERAGINE INC.



Principal Place of Business
**3190 SE BROOK ST
STUART FL 34997**

Mailing Address
**3190 SE BROOK ST
STUART FL 34997**

2. Principal Place of Business

1320 S FEDERAL Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

City & State

City & State

FL

Zip
34996

Country
USA

Zip

Country

4. FEI Number

22-3862821

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

**PERAGINE, THOMAS L
3190 SE BROOK ST
STUART FL 34997**

7. Name and Address of New Registered Agent

Name **Thomas Peragine**
Street Address (P.O. Box Number is Not Acceptable)

**2440 SEAST OCEAN Blvd 1203
City Stuart FL Zip Code 34997**

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 \$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 **PV** ☐ Delete
NAME **PERAGINE, NICHOLAS J**
STREET ADDRESS **3190 SE BROOK ST**
CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☐ Delete
NAME **CHAMPY, EDWARD P III**
STREET ADDRESS **4 PHEASANT LANE**
CITY-ST-ZIP **WINCHESTER MA 01701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03 772-219-8512

Date Daytime Phone #

CR2E034 (10/02)