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Secretary of State
05-06-2003 90047 048 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000107530

55046790

1. Entity Name
PERRY MARKETING CONSULTING, INC.

Principal Place of Business	Mailing Address
3645 BENEVA OAKS BLVD SARASOTA, FL 34238	3645 BENEVA OAKS BLVD SARASOTA, FL 34238

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 11-3655399 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PERRY, CAMILLE
3645 BENEVA OAKS BLVD
SARASOTA, FL 34238

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

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	PRESIDENT Camille Perry 3645 Beneva Oaks Blvd Sarasota FL 34238 ☐ 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
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CR2E034 (10/02)

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: Camille Perry 5/1/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment # 550407 90
[redacted]
P02000107536

May 1. 2003

Florida Department of State
Talahassee, Florida

Gentlemen,

Being concerned that my Corp may perhaps deliquent, I telephoned the office.

I was given instructions on downloading the form and address to send the appropiate monies.

Please find enclosed check for $150.00

I did not receive the notification by mail...that is why it is late. The account was opened last year.

Thank you.

Camille Perry
Perry Marketing Marketing Consulting, Inc
3645 Beneva Oaks Blvd
Sarasota, Fl 34238
941 929 0156