

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0004198 AV

DOCUMENT # P02000115815

1. Entity Name
PERFECT SOLUTIONS OF JACKSONVILLE, INC.



FILED

03'SEP 30 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2074 MATEFIELD RD.
JACKSONVILLE FL 32225

Mailing Address
2074 MATEFIELD RD.
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4221109

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURHAM, TOM
2074 MATEFIELD RD.
JACKSONVILLE FL 32225

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)

9-27-03

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.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DURHAM, TOM
STREET ADDRESS 2074 MATEFIELD RD.
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE V
NAME WILLIAM A. DURHAM
STREET ADDRESS 4090 HODGES BLVD. APT. 1013
CITY-ST-ZIP JAX, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME ROY HOLDAEN
STREET ADDRESS 4090 HODGES BLVD. APT. 4210
CITY-ST-ZIP JAX, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/03

Date

904-277-5794

Daytime Phone #

CR2E034 (4/03)