

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07465

1. Entity Name

PERRY & CO. (FLORIDA)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90096 037 ***150.00

Principal Place of Business

Mailing Address

2635 CENTURY PKWY
SUITE 1000
ATLANTA GA 30345

2635 CENTURY PKWY
SUITE 1000
ATLANTA GA 30097-4905

A0009214



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3039 Premier Pkwy.

3. Mailing Address

3039 Premier Pkwy.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Duluth, GA 30097

City & State

Duluth, GA 30097

4. FEI Number

58-1033667

Applied For

Not Applicable

Zip

30097

Country

Gwinette

Zip

30097

Country

Gwinette

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIDSKY, CARLOS
145 EAST 49TH STREET
HIALEAH FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS PERRY, JOHN F
CITY-ST-ZIP 2635 CENTURY PKWY, SUITE 1000
ATLANTA GA 30345

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3039 Premier Pkwy., Suite 100
CITY-ST-ZIP Duluth, GA 30097

TITLE ☐ Delete
NAME VTD
STREET ADDRESS PERRY, JOHN F
CITY-ST-ZIP 2635 CENTURY PKWY
ATLANTA GA

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3039 Premier Pkwy., Suite 100
CITY-ST-ZIP Duluth, GA 30097

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR05034 1/9/00