

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90704 032 ***150.00

DOCUMENT # P07481**1. Entity Name**
PERDUE - FOLMAR CO., INC.**Principal Place of Business****PO BOX 389**
1000 MONTGOMERY HWY.
LUVERNE AL 36049**Mailing Address****PO BOX 389**
1000 MONTGOMERY HWY.
LUVERNE AL 36049**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**63-0772915**

Applied For

Not Applicable

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****MILLER, J. L.**
503 S. JEFFERSON ST.
MARIANNA FL 32446

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, 2002 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**
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
PERDUE, JAMES V.
P.O. BOX 206
LUVERNE AL 36049 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
PERDUE, CATHRYN M.
P.O. BOX 206
LUVERNE AL 36049 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PERDUE, THOMAS W.
1776 MONTGOMERY HWY
LUVERNE AL 36049 ☒ 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
President ☐ Change ☒ Addition
Larry Shirley
2833 Montgomery Highway
Luverne, AL 36049**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President ☐ Change ☒ Addition
Danny Rogers
440 West Sixth Street
Luverne, AL 36049**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition**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 REQUIRED**
Cathryn M. Perdue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Secretary****4-30-02 334/335-5091**
Date Daytime Phone #

CR2E034 (9/01)