


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <i>P09000036184</i>	
<b>1. Entity Name</b> RALPH EDGAR PERKINS P.A.	

**FILED**  
10 APR 20 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2420 SE MELALEUCA BLVD Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2420 SE MELALEUCA BLVD Suite, Apt. #, etc.
<b>City &amp; State</b> PORT ST LUCIE	<b>City &amp; State</b> PORT ST LUCIE
<b>Zip</b> 34952	<b>Country</b> ST LUCIE
<b>Zip</b> 34952	<b>Country</b> ST LUCIE

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04/20/10--01031--019 \*\*150.00

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<b>4. FEI Number</b> 26-4813403	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> Ralph Edgar Perkins	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2420 SE Melaleuca Blvd	
	<b>City</b> Port St Lucie	<b>FL</b> <b>Zip Code</b> 35952

<b>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</b>		
<b>SIGNATURE</b> <i>[Signature]</i>	<b>Ralph Edgar Perkins, President</b>	<b>4-6-10</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Ralph Edgar Perkins</b> 2420 SE Melaleuca Blvd Port St Lucie, FL 34952	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Carolyn Perkins</b> 2420 Se Melaleuca Blvd Port St Lucie, FL 34952	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**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 on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> <i>[Signature]</i>	<b>Ralph Edgar Perkins</b>	<b>4-6-10</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>

CR2E034B (12/02)