

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90101 031 ***150.00

DOCUMENT # P93000044534

1. Entity Name
TIMOTHY B. PERENICH, P.A.

Principal Place of Business

180-ALTERNATE-19 NORTH
PALM HARBOR FL 34683
US

Mailing Address

180-ALTERNATE-19 NORTH
PALM HARBOR FL 34683
US

2. Principal Place of Business
3204 Alternate 19

Suite, Apt. #, etc.

3. Mailing Address
3204 Alternate 19

Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

4. FEI Number **59-3190153**

Applied For
☐ **Not Applicable**

Zip
34683

Country
U.S.A.

Zip
34683

Country
U.S.A.

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

PERENICH, TIMOTHY B
180-ALTERNATE-19 NORTH
PALM HARBOR FL 34683

Name
Timothy B. Perenich

Street Address (P.O. Box Number is Not Acceptable)
3204 Alternate 19

City **Palm Harbor,** **FL** **Zip Code** **34683**

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  **February 21, 2002**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ **Delete**
NAME **PERENICH, TIMOTHY B**
STREET ADDRESS **180-ALTERNATE-19 NORTH**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **DPST** ☒ **Change** ☐ **Addition**
NAME **Timothy B. Perenich**
STREET ADDRESS **3204 Alternate 19**
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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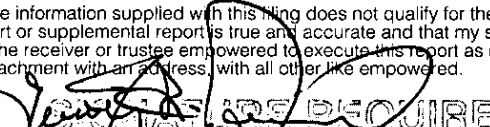
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:  **NOT REPRODUCED**
Timothy B. Perenich, President

February 21, 2002 (727) 787-7212

Date Daytime Phone #

CR2E034 (9/01)