

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054684

1. Entity Name

PERFECTA-EAR, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90015 001 ***150.00

Principal Place of Business

Mailing Address

5710-C GALL BLVD.
ZEPHYRHILLS FL 33541
US

5710-C GALL BLVD.
ZEPHYRHILLS FL 33541-3452
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0431692**

Applied
Not Applied

Zip

Country

Zip

Country

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

RETEY, ZOLTAN A
7409 HIGHLAND GROVE DRIVE
LAKELAND FL 33809

Name **Elizabeth Retey**
Street Address (P.O. Box Number is Not Acceptable)
5710-C Gall Blvd.
City **Zephyrhills** FL Zip Code **33541**

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

Zoltan Retey

ZOLTAN A. RETEY

2/2/2000

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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RETEY, ZOLTAN A	
STREET ADDRESS	5710-C GALL BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	RETEY, ELIZABETH	
STREET ADDRESS	5710-C GALL BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth Retey **Elizabeth Retey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-00 813-783-124