

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062220

1. Entity Name

PERKS' DRAPERY WORKROOM COMPANY.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90055 049 ***150.00

Principal Place of Business

~~311 SOUTH AVENUE~~
FT. WALTON BEACH FL 32547

Mailing Address

~~311 SOUTH AVENUE~~
FT. WALTON BEACH FL 32547

46 Oregon F.W.B. H.
32548

46 Oregon Dr. F.W.B. Flk
32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3204898

Applied For

Not Applicable

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

PERKS, GRACE
311 SOUTH AVENUE
FT. WALTON BEACH FL 32547

GRACE PERKS
Address change
to 46 Oregon Dr.
F.W.B. Fla.
32548

Name

GRACE PERKS

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

Grace Perks PRESIDENT

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	PERKS, GRACE	
STREET ADDRESS	311 SOUTH AVE.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME	PERKS, GRACE	
STREET ADDRESS	46 Oregon Dr.	
CITY-ST-ZIP	F.W.B. Fla. 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

Grace Perks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-01

CR2E034 (10/00)