

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90003 027 ***150.00

DOCUMENT # P93000068489

1. Entity Name
PERICLES INC.

Principal Place of Business
910 S.E. 17TH ST. SUITE 300
FORT LAUDERDALE FL 33316

Mailing Address
910 S.E. 17TH ST. SUITE 300
FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

C/o Atlantia Holdings
 645 E. Dania Beach Blvd.
 Dania Beach, FL 33004

C/o Atlantia Holdings
 645 E. Dania Beach Blvd.
 Dania Beach, FL 33004



DO NOT WRITE IN THIS SPACE

FEI Number **65-0452328** Applied For
 Not Applicable

Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, ACE J JR
COONEY, MATTSOON, LANCE, BLACKBURN, RICHARD
2312 WILTON DR.
FORT LAUDERDALE FL 33305

Name

Street Address

~~John Watson, Esq.~~
~~Cooney Mattson et al~~
~~2312 Wilton Drive~~
~~Fort Lauderdale, FL 33305~~

City

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7. Name and Address of New Registered Agent

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 ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, WILLIAM A	
STREET ADDRESS	910 S.E. 17TH ST, SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FARRELL, JAMES B	
STREET ADDRESS	910 S.E. 17TH ST, SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

TITLE	P/D	change <input checked="" type="checkbox"/> Addition
NAME	A. Blackburn, Jr.	
STREET ADDRESS	C/o Atlantia Holdings	
CITY-ST-ZIP	645 E. Dania Beach Blvd.	
	Dania Beach, FL 33004	
TITLE	S/D	change <input checked="" type="checkbox"/> Addition
NAME	C. Economou	
STREET ADDRESS	C/o Atlantia Holdings	
CITY-ST-ZIP	645 E. Dania Beach Blvd.	
	Dania Beach, FL 33004	
TITLE	D	change <input checked="" type="checkbox"/> Addition
NAME	J. Wagner	
STREET ADDRESS	C/o Atlantia Holdings	
CITY-ST-ZIP	645 E. Dania Beach Blvd.	
	Dania Beach, FL 33004	
TITLE	D	change <input checked="" type="checkbox"/> Addition
NAME	G. Morfidis	
STREET ADDRESS	C/o Atlantia Holdings	
CITY-ST-ZIP	645 E. Dania Beach Blvd.	
	Dania Beach, FL 33004	
TITLE	D	change <input type="checkbox"/> Addition
NAME	P. Bartoskas	
STREET ADDRESS	C/o Atlantia Holdings	
CITY-ST-ZIP	663 E. Dania Beach Blvd.	
	Dania Beach, FL 33004	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #