FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 14, 2004 8:00 am Secretary of State

Daylime Phone #

DOCUMENT # P94000039893 1. Entity Name					04-14-2004 90018 011 ***150.00		
Pe	arl Industries	Inc.					
	DO NOT WRITE	IN THIS SP	ACE				
	lace of Business	3. Mailing Address				54032790	
2360 6" Way SW 2360 6" Was Suite. Apt. #, etc.			ay SW		DO NOT WRITE IN THIS SPACE		
Gity & State	Beach FL	City & State Ven Beach	F/	4. F	El Number 59-232 5040	Applied For Not Applicable	
Zio 2.2.9	Country Low USA	Zip 32-962	Country USA	5. 0		\$8.75 Additional Fee Required	
	20001		Name	7. Na	me and Address of Current Reg	istered Agent	
DO NOT WRITE				S (P.O. Box Number is Not Acceptable)			
	234/1	2360 6th Was SW					
			City	Be		FL 32962	
8. The above	named entity submits this statement for	the purpose of changing its r	registered office or regis				
SIGNATURE _	Michael C	Mc Just	Registered Agent signature requ	ited advon re	pinstalina i	DATE	
* w.	pration is eligible to satisfy its Intangible		ay 1 Fee is \$150.00				
Tax filing r (See criter	1, Fee is \$550.00 UBR is \$61.25 e to Department of S	tete	10. Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be Added to Fees			
11.	OFFICERS AND I	DIRECTORS					
TITLE NAME	Pres. Raymond J. Moor	e Jr.	TITLE)			!	
STREET ADDRESS	8621 NW 80 th SA		STREET ADDRESS			į	
CITY-ST-ZIP	Tamarac FL 333	2/	CITY-ST-ZIP				
TITLE	UP/sec		TITLE				
NAME.	Robin L Mooore		NAME				
STREET ADDRESS CITY - ST - ZIP	8621 NW 80 th St		STREET ADDRESS CITY-ST-ZIP				
TITLE	Tamarac FL 333	<u> </u>	TITLE				
NAME	Michael C Mc Nutt		NAME				
STREET ADDRESS	2360 6th way SW		STREET ADDRESS		DO NOT W	/DITT	
(आ४-ऽग-गम	Vero Beach A	32962	CITY+ST+ZIP		DO NOT W	/HIIE	
TITLE	~	, .	TITLE		IN THIS SI	DACE -	
NAME STREET ADDRESS			NAME STREET ADDRESS		HA HEILO OF	- FIVE	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE			TITLE		·		
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-7IP				
TITLE			TITLE				
NAME			NAME				
STREET ADDRESS			STREET ADDRESS		•		
CITY-ST-7IP			CITY-ST-ZIP				
13. Thereby of the co	certify that the information supplied with 3 on this report or supplemental report is reporation or the receiver or trustee emp	this filing does not qualify for true and accurate and that n owered to execute this repor	the exemption stated in ry signature shall have to tas required by Chapte	Section he same or 607, Fl	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oati orida Statutes: and that my name	ther certify that the information it; that I am an officer or director appears in Block 11 or on an	