

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039952

1. Entity Name

PERSHES & COMPANY, P.A.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90045 035 \*\*\*150.00

Principal Place of Business

20046 OCEAN KEY DRIVE  
BOCA RATON FL 33498  
US

Mailing Address

20046 OCEAN KEY DRIVE  
BOCA RATON FL 33445-4385  
US

2. Principal Place of Business

5205 ESTATES DR  
Suite, Apt. #, etc.

3. Mailing Address

5205 ESTATES DRIVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH FL  
Zip 33445-4385 Country USA

City & State

DELRAY BEACH FL  
Zip 33445-4385 Country

4. FEI Number

65-0513066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERSHES, PAUL C  
20046 OCEAN KEY DR  
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name PAUL C PERSHES  
Street Address (P.O. Box Number is Not Acceptable)

5205 ESTATES DRIVE  
City DELRAY BEACH FL Zip Code 33445

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

Paul C Pershes

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/7/00

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 Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PERSHES, PAUL C	
STREET ADDRESS	20046 OCEAN KEY DR.	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERSHES, GAIL M	
STREET ADDRESS	20046 OCEAN KEY DR.	
CITY-ST-ZIP	BOCA RATON FL 33498	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL C PERSHES	
STREET ADDRESS	5205 ESTATES DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSHES GAIL M	
STREET ADDRESS	5205 ESTATES DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Paul C Pershes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00  
Date

Daytime Phone #

CR2E034 (9/99)