

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026271

1. Entity Name
GINGER L. PERUSEK, P.A.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90085 035 ***150.00

Principal Place of Business
2620 MANATEE AVENUE W.
2620 MANATEE AVE. WEST
BRADENTON FL 34205
US

Mailing Address
2620 MANATEE AVENUE W.
BRADENTON FL 34205
US

2. Principal Place of Business
2424 Manatee Avenue West
Suite, Apt. #, etc.
Suite 205

3. Mailing Address
2424 Manatee Avenue West
Suite, Apt. #, etc.
Suite 205



DO NOT WRITE IN THIS SPACE

City & State
Bradenton, Florida

City & State
Bradenton, Florida

4. FEI Number 65-0573265

Applied For
Not Applicable

Zip Country
34205 USA

Zip Country
34205 USA

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

PERUSEK, GINGER L
2620 MANATEE AVENUE WEST
SUITE A
BRADENTON FL 34205

Name
Perusek, Ginger L.
Street Address (P.O. Box Number is Not Acceptable)
2424 Manatee Avenue West
Suite 205
City Bradenton Zip Code 34205

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 re-registering)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPT	PERUSEK, GINGER L	2620 MANATEE AVENUE W.	BRADENTON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)