

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90233 043 ***150.00

0690224 FP

DOCUMENT # P95000029218

1. Entity Name
PERROS GRANDE, INC.



Principal Place of Business
**455 INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770
US**

Mailing Address
**455 INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770
US**



2. Principal Place of Business
10225 Ulmerton Rd.

3. Mailing Address
10225 Ulmerton Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3D

Suite 3D

City & State

City & State

Largo, FL

Largo, FL

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3317854**

Applied For
Not Applicable

Zip
33771

Country
USA

Zip
33771

Country
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

**BUCKLES, WILLIAM G
455 N INDIAN ROCKS RD
SUITE 2
BELLAIR BLUFFS FL 33770**

Name

Street Address (P.O. Box Number is Not Acceptable)

10225 Ulmerton Rd.

Suite 3D

City

Largo

FL

Zip Code
33771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☐ Delete
NAME **BUCKLES, WILLIAM G**
STREET ADDRESS **455 N INDIAN ROCKS RD**
CITY-ST-ZIP **BELLAIR BLUFFS FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10225 Ulmerton Rd., #3D**
CITY-ST-ZIP **Largo, FL 33771**

TITLE **D** ☐ Delete
NAME **VELTMAN, DAVID M.**
STREET ADDRESS **455 N INDIAN ROCKS RD.**
CITY-ST-ZIP **BELLAIR BLUFFS FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10225 Ulmerton Rd., #3D**
CITY-ST-ZIP **Largo, FL 33771**

TITLE **P** ☐ Delete
NAME **VELTMAN, GREG D.**
STREET ADDRESS **455 N INDIAN ROCKS RD**
CITY-ST-ZIP **BELLAIR BLUFFS FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10225 Ulmerton Rd., #3D**
CITY-ST-ZIP **Largo, FL 33771**

TITLE **D** ☐ Delete
NAME **LANDT, TIMOTHY L.**
STREET ADDRESS **455 N INDIAN ROCKS RD**
CITY-ST-ZIP **BELLAIR BLUFFS FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10225 Ulmerton Rd., #3D**
CITY-ST-ZIP **Largo, FL 33771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

3/17/03

Date

Daytime Phone #

CR2E034 (10/02)