

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040581

1. Entity Name

DRS. PERRY, PERRY AND ASSOCIATES, ALTAMONTE, P.A

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90034 021 ***150.00

Principal Place of Business

Mailing Address

9024 GREAT HERON CIRCLE
ORLANDO FL 32836

9024 GREAT HERON CIRCLE
ORLANDO FL 32836-5483

A0004380

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3313253

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERRY, KAREN FULTZ O.D.
9024 GREAT HERON CIRCLE
ORLANDO FL 32836

Name

Mark Perry

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

9024 Great Heron Cir

City

Orlando

FL

Zip Code 32836

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/4/00

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 D ☒ Delete
NAME PERRY, KAREN FULTZ O.D.
STREET ADDRESS 9024 GREAT HERON CIRCLE
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☐ Delete
NAME PERRY, MARK E O.D.
STREET ADDRESS 9024 GREAT HERON CIRCLE
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
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:

Mark Perry

Date

Daytime Phone #

1/4/00 (407) 897-3582