

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90272 008 \*\*\*150.00

**DOCUMENT # P95000048946**

1. Entity Name

PERRON ENTERPRISES INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
7274 ONYX DRIVE NORTH  
Suite, Apt. #, etc.

3. Mailing Address  
3773 Central Avenue  
Suite, Apt. #, etc.  
Suite A304

City & State  
ST PETERSBURG, FL

City & State  
St. Petersburg FL

4. FEI Number  
59-3044833

Applied For  
Not Applicable

Zip Country  
33702

Zip Country  
33713 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Jack M. Winebrenner  
Street Address (P.O. Box Number is Not Acceptable)  
3773 Central Avenue

City FL Zip Code  
St. Petersburg 33713-8338

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Keith Perron  
7274 Onyx Drive North  
St. Petersburg FL 33702

TITLE  
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



Keith Perron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

(727) 526-1854

Daytime Phone #