

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050070

1. Entity Name

PERFECT PROCESSING, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90013 032 ***150.00

Principal Place of Business

Mailing Address

1410 ARABIAN RD
WEST PALM BEACH FL 33406

1410 ARABIAN RD
WEST PALM BEACH FL 33406-7802

2. Principal Place of Business

3. Mailing Address

7315 PINE TREE LANE 7315 PINE TREE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WPB, FL

City & State
WPB, FL

4. FEI Number 65-0516591

Applied For

Not Applicable

Zip 33406

Country USA

Zip 33406

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

NOAKES, DAVID
1410 ARABIAN RD
WEST PALM BEACH FL 33406

Name

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

7315 PINE TREE LANE

City WPB

FL

Zip Code 33406

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 reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME NOAKES, DAVID
STREET ADDRESS 1410 ARABIAN RD
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Delete

TITLE D
NAME NOAKES, DAVID
STREET ADDRESS 7315 PINE TREE LANE
CITY-ST-ZIP WPB, FL 33406 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

4-11-00

Date

561582-8816

Daytime Phone #

CR2E034 (9/99)