

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2000 8:00 am**
Secretary of State

03-01-2000 90006 001 ***150.00

DOCUMENT # P96000021401

1. Entity Name

PERFECT PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

JOSIANE CT
STE 1061
ALTAMONTE SPRINGS FL 32701
US998 JOSIANE COURT
STE 1061
ALTAMONTE SPRINGS FL 32701-3664
US

00026550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1206 N. C.R. 427
Suite, Apt. #, etc.1206 N. C.R. 427
Suite, Apt. #, etc.

City & State

City & State

Longwood FL
Zip 32750-3018 CountryLongwood, FL
Zip 32750-3018 Country

4. FEI Number

59-3368766

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MCGRODER, PATRICK J
955 SILVERTON LOOP
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

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

1206 N. C.R. 427

City

Longwood

FL

Zip Code

32750-3018

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCGRODER, PATRICK	
STREET ADDRESS	115 EAST GREENTREE LANE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGRODER, CHRISTINE	
STREET ADDRESS	115 EAST GREENTREE LANE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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

2/23/00

Date

407-331-6212

Daytime Phone #