

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90091 048 ***150.00

DOCUMENT # P96000080388

1. Entity Name
PERFECT SATELLITE INC.



Principal Place of Business
**7775 SW 151ST PLACE
DUNNELLON FL 34432**

Mailing Address
**7775 SW 151ST PLACE
DUNNELLON FL 34432**



2. Principal Place of Business

776 Marion Oaks Manor

3. Mailing Address

776 Marion Oaks Manor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-3375853

Applied For

Not Applicable

Zip

34473

Country

US

Zip

34473

Country

US

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

**CHOSEWOOD, GARY
7775 S.W. 151 PLACE
DUNNELLON FL 34432**

Name
Gary Chosewood

Street Address (P.O. Box Number is Not Acceptable)
776 Marion Oaks Manor

City
Ocala

FL

Zip Code
34473

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHOSEWOOD, GARY
7775 SW 151ST PLACE
DUNNELLON FL 34432** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Gary Chosewood
776 Marion Oaks Manor
Ocala FL 34473** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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

1-8-03 352-307-8008

Date

Daytime Phone #

CR2E034 (10/02)