

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087113			
1. Entity Name Perry Industries, Inc.			
Principal Place of Business 555 N. Byron Butler Prky. Perry, FL 32347		Mailing Address 555 N. Byron Butler Prky. Perry, FL 32347	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

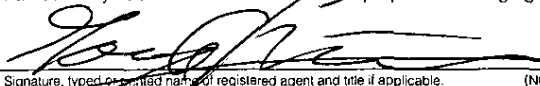
FILED
01 MAR 23 PM 4: 03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3415342		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Joel K. Shugar, M.D. 1211 North Center St. Perry, FL 32347		7. Name and Address of New Registered Agent Name: Gary A. Shipman Street Address (P.O. Box Number is Not Acceptable): 215 S. Monroe St., Second Floor City: Tallahassee, FL Zip Code: 32301	
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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  **DATE** 3/23/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Shugar, Joel K. MD <input type="checkbox"/> Delete 555 N. Byron Butler Prky. Perry, FL 32347	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Shipman, Gary A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 555 N. Byron Butler Prky. Perry, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Shugar, Michelle <input type="checkbox"/> Delete 555 N. Byron Butler Prky. Perry, FL 32347	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Shugar, Michelle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 555 N. Byron Butler Prky. Perry, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Bridgeman, Scott <input checked="" type="checkbox"/> Delete 555 N. Byron Butler Prky. Perry, FL 32347	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003912243-4 -03/27/01-01068-016 ***150.00 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:  **DATE** 3/23/01 **Daytime Phone #** 850-222-3533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)