

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022938

1. Entity Name

HR PERRY & ASSOCIATES, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90002 032 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 15508
FERNANDINA BEACH FL 32035-3109
US

P.O. BOX 15508
FERNANDINA BEACH FL 32035-3109
US

00066939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2012-A Natures Bend Drive

3. Mailing Address

P.O. Box 15508

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fernandina Beach, Florida

City & State
Fernandina Beach, Florida

4. FEI Number
59-3430819

Applied For
Not Applicable

Zip
32034

Country
USA

Zip
32035-3109

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

PERRY, HAROLD R
1762 SOUTH EVANS DRIVE
JACKSONVILLE BEACH FL 32250-2528

Name
Harold R. Perry
Street Address (P.O. Box Number is Not Acceptable)
2012-A Natures Bend Drive
City
Fernandina Beach FL 32034

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 NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, HAROLD R 1762 SOUTH EVANS DRIVE JACKSONVILLE BEACH FL 32250-2528	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harold R. Perry 2012-A Natures Bend Drive Fernandina Beach, Florida 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 6, 2000

Date

(904) 321-2827

Daytime Phone #

CR2E034 (9/99)