

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023542

1. Entity Name

ROBERTA PERRY, LMT, INC.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90002 043 ***150.00

Principal Place of Business

3915 8TH AVE. W.
 BRADENTON FL 34205

Mailing Address

3915 8TH AVE. W.
 BRADENTON FL 34205

2. Principal Place of Business

6719 12TH AVE. NW

Suite, Apt. #, etc.

3. Mailing Address

6719 12TH AVE. NW

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

60077058

City & State

BRADENTON FL 34209

City & State

BRADENTON FL 34209

4. FEI Number

65-0736121

Applied For

Not Applicable

Zip

34209

Country

USA

Zip

34209

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PERRY, ROBERTA A.
 6719 12TH AVE. NW
 BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstalling)

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, 2001 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERTA A. PERRY	
STREET ADDRESS	6719 12TH AVE NW	
CITY-ST-ZIP	BRADENTON FL 34209	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Roberta Perry Lmt, President*

Attachment Doc# P91000023542

C0077058

ROBERTA PERRY, LMT, INC.
6719 12TH AVENUE NW, BRADENTON, FL 34209

September 14, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

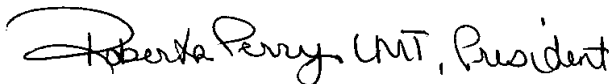
Re: Roberta Perry LMT, Inc.
2001 Uniform Business Report

Recently I realized that I had not renewed my corporation for 2001. In all honesty I have no recollection of having ever received a notice. It is possible that it was received and overlooked, as I have not had my mind totally on my business the last few months. In the past year I suffered a debilitating back injury that had me in such extreme pain that I was constantly taking pain medicine both before and after the surgery. I was not able to concentrate on the even the littlest aspects of my life. I believe that the doctors have finally succeeded in treating me and I am on my way to recovery.

I am asking that the penalty be abated and that my enclosed check for \$150.00 be accepted as the total fee for the renewal.

Thank you for your consideration in this matter.

Sincerely,



Roberta Perry LMT, President

RP/jaf

Enc. UBR
Check