

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000028461**

1. Entity Name  
**PERFECTION QUICK CUT, INC.**



Principal Place of Business  
1542 -53RD AVE  
VERO BEACH FL 32966

Mailing Address  
P O BOX 1016  
VERO BEACH FL 32961  
US

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

4. FEI Number **NOT APPLICABLE**  Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DRITENBAS, JACK  
1542 -53RD AVE  
VERO BEACH FL 32966**

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. 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**

TITLE **P**  Delete  
NAME **DRITENBAS, JACK**  
STREET ADDRESS **1542 -53 AVE**  
CITY-ST-ZIP **VERO BEACH FL 32966**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Change  Addition  
NAME **DRITENBAS, JACK**  
STREET ADDRESS **1542 -53 AVE**  
CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE  Delete  
NAME **DRITENBAS, DORIS**  
STREET ADDRESS **1542 -53 AVE**  
CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE  Change  Addition  
NAME **DRITENBAS, DORIS**  
STREET ADDRESS **1542 -53 AVE**  
CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE  Delete  
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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 empowerments.

SIGNATURE:

*Stanley D. Dritenbas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

772-562-6496

Date

Daytime Phone #

**FILED  
Jan 08, 2003 8:00 am  
Secretary of State**

01-08-2003 90143 049 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)