

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047494

1. Entity Name

THE M.L. PERRY GROUP, INC.

FILED

Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90010 037 ***550.00

Principal Place of Business

Mailing Address

17209 US HWY 331 SO
FREEPORT FL 32439
US

P. O. BOX 450
FREEPORT FL 32439-0450
US

2. Principal Place of Business

98 George Ellis Point
Suite, Apt. #, etc.

3. Mailing Address

98 George Ellis Point
Suite, Apt. #, etc.

City & State
Freeport, FL

Zip
32439

Country
USA

City & State

Freeport, FL 32439

Zip
32439

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3445553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, MIKEL L
17209 US HWY 331 SOUTH
FREEPORT FL 32439

7. Name and Address of New Registered Agent

Name ~~Amy Mikel Lee Perry~~
Street Address (P.O. Box Number is Not Acceptable)
98 George Ellis Point
City Freeport FL Zip Code 32439

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

6-28-00

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

TITLE	PD, Sec'y	<input type="checkbox"/> Delete
NAME	PERRY, MIKEL LEE	
STREET ADDRESS	17209 US HWY 331 SOUTH	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	VP, Treas.	<input type="checkbox"/> Delete
NAME	Perry, Amy	
STREET ADDRESS	98 George Ellis Pt.	
CITY-ST-ZIP	Freeport, FL 32439	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mikel Lee Perry	
STREET ADDRESS	98 George Ellis Point	
CITY-ST-ZIP	Freeport, FL 32439	
TITLE		<input type="checkbox"/> Change <input checked="" 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
NAME		
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-00 850/835-1700

Date

Daytime Phone #

CR2E034 (9/99)