## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 25, 2000 8:00 am DOCUMENT # **P97000060626** Secretary of State 01-25-2000 90064 001 \*\*\*150.00 PERFECTWERK INC. Principal Place of Business Mailing Address 868 DARWIN DR. 868 DARWIN DR. AUULUUUU ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701-5608 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3463658 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TANIS, DAVID Street Address (P.O. Box Number is Not Acceptable) 868 DARWIN DR. ALTAMONTE SPRINGS FL 32701 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME TANIS, DAVID NAME STREET ADDRESS 868 DARWIN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ALTAMONTE SPRINGS FL 32701 ☐ Change Addition TITLE Delete TITLE NAME -/===: ADDACGG STREET ADDRESS CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition NAME STREET ADDRESS ADDATESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition Delete TITLE STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

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 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 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 hanged, or on an attachment with an address, with all other like empowered.

ATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED