

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90199 036 \*\*\*150.00

0684799 FP

**DOCUMENT # P98000002919**

1. Entity Name  
**PERRY YACHT CONSULTANTS, INC.**



Principal Place of Business  
**PMB 780: 757 SE. 17 ST  
FORT LAUDERDALE FL 33316**

Mailing Address  
**PMB 780: 757 SE. 17 ST  
FORT LAUDERDALE FL 33316**

2. Principal Place of Business

**30, ISLAND CREEK LANE 30, ISLAND CREEK LANE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**SAVANNAH GA**

City & State

**SAVANNAH GA**

4. FEI Number

**65-0806375**

Applied For

Not Applicable

Zip

Country

**31410 U.S.A**

Zip

Country

**31410 U.S.A**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERRY, TONY  
757 SE. 17 ST #780  
FORT LAUDERDALE FL 33316**

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. 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

**Gillian Perry GILLIAN PERRY VICE PRESIDENT  
5/30/03**

**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 **D** ☐ Delete  
NAME **PERRY, TONY**  
STREET ADDRESS **757 SE. 17 ST #780**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **D** ☐ Delete  
NAME **PERRY, GILLIAN**  
STREET ADDRESS **757 SE. 17 ST #780**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

**Gillian Perry VICE PRESIDENT GILLIAN PERRY 9128974986  
5/30/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)