

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90123 040 ***150.00

DOCUMENT # P98000013865

1. Entity Name
PERPETUA HOLDINGS OF INDIANA, INC.

Principal Place of Business
**2163 N ILLINOIS ST
 INDIANAPOLIS IN 46202**

Mailing Address
**5620 N KOLB RD
 SUITE 220
 TUCSON AZ 85750**

2. Principal Place of Business

3. Mailing Address
3430 E. Sunrise Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tucson, AZ

4. FEI Number **35-2037792**

Applied For
 Not Applicable

Zip

Country

Zip
85718

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**F&L CORP
 200 LAURA STREET
 JACKSONVILLE FL 32202**

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 reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPC** ☐ Delete
 NAME **EDMONDS COTTON, SLIVY**
 STREET ADDRESS **5620 N KOLB RD STE 220**
 CITY-ST-ZIP **TUCSON AZ 85750**

TITLE **DPCT** ☒ Change ☐ Addition
 NAME **Edmonds Cotton, Slivy**
 STREET ADDRESS **3430 E. Sunrise Dr., Ste 160**
 CITY-ST-ZIP **Tucson, AZ 85718**

TITLE **DTVP** ☒ Delete
 NAME **CLINKSCALE, FRANK**
 STREET ADDRESS **5620 N KOLB RD STE 220**
 CITY-ST-ZIP **TUCSON AZ 85750**

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

TITLE **S** ☐ Delete
 NAME **HUNTER, JANETTE M**
 STREET ADDRESS **5620 N. KOLB ROAD, STE. 220**
 CITY-ST-ZIP **TUCSON AZ 85750**

TITLE **S** ☒ Change ☐ Addition
 NAME **Hunter, Janette M**
 STREET ADDRESS **3430 E. Sunrise Dr., Ste 160**
 CITY-ST-ZIP **Tucson, AZ 85718**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Janette M. Hunter **JANETTE M. HUNTER** 2/16/01 5206151227
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)