

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000018633**

1. Entity Name

*** PERKINS ELECTRIC ENTERPRISES, INC.****FILED****Feb 03, 2001 8:00 am**
Secretary of State

02-03-2001 90065 013 ***150.00

Principal Place of Business

**223 JOHN KNOX RD
TALLAHASSEE FL 32303
US**

Mailing Address

**7194 GARRETT ROAD
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

223 John Knox Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32303**US**4. FEI Number **59-3495131**

Applied For

Not Applicable

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

**PERKINS, DAVID R
7194 GARRETT ROAD
TALLAHASSEE FL 32303**

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**

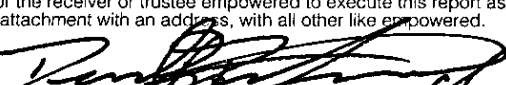
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERKINS, DAVID R JR. 7194 GARRETT ROAD TALLAHASSEE FL 32303	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERKINS, TAMARA R 7194 GARRETT ROAD TALLAHASSEE FL 32303	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/01

Daytime Phone #

850-385-8630

CR2E034 (10/00)