2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031959

1. Entity Name

PEREZ CONSULTANTS, INC.

FILED
01 SEP 19 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600004610706--- ☐
-09/25/01--01083--014
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
713 BEARBERRY CT. JACKSONVILLE, FL 32259	SAME

2. Principal Place of Business	3. Mailing Address
713 BEARBERRY CT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State
Zip: 32259 Country: U.S.A.	Zip Country

4. FEI Number: 65-0826080 ☐ 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
PEDRO L PEREZ 520 WATER PT WESTON FL. 33326	Name: WILLIAM L. PEREZ Street Address (P.O. Box Number is Not Acceptable): 713 BEARBERRY CT. City: JACKSONVILLE FL Zip Code: 32259

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: WILLIAM L. PEREZ — W. L. P. — 9/14/01
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	D PEREZ, PEDRO L. 13401 SUTTON PARK DR S. JACKSONVILLE FL. 32224	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O PEREZ, BETTY C. 13401 SUTTON PARK DR S. JACKSONVILLE FL 32224	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ, WILLIAM L 413 BUCKEYE LN E JACKSONVILLE FL. 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/S/T PEREZ, WILLIAM L. 713 BEARBERRY CT. JACKSONVILLE FL. 32259	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: W. L. P. WILLIAM L. PEREZ 9/14/01 904-710-0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904-230-0506