

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033241

1. Entity Name

PERPETUAL ENERGY CORPORATION OF FLORIDA

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90078 025 ***150.00

Principal Place of Business

P.O. BOX 1200
TALLAHASSEE FL 32302

Mailing Address

P.O. BOX 1200
TALLAHASSEE FL 32302

2. Principal Place of Business

Rt 3 Box 40
Suite, Apt. #, etc.
Rockyford Road
City & State
Madison, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number 59-3527953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANDRUM, ROBERT G JR
122 APPELYARD DRIVE
TALLAHASSEE FL 32304

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.

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

TITLE: PSD
NAME: LANDRUM, ROBERT G JR.
STREET ADDRESS: P.O. BOX 1200
CITY-ST-ZIP: TALLAHASSEE FL 32302 ☐ Delete

TITLE: TD
NAME: JACKSON, JOHN D
STREET ADDRESS: P.O. BOX 1200
CITY-ST-ZIP: TALLAHASSEE FL 32302 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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

4/26/01

Date

850

576 1221

Daytime Phone #

CR2E034 (10/00)