

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046218

1. Entity Name

PEREZ AND ASSOCIATES OF SEBASTIAN, FL., INC

FILED

00 OCT -4 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1317 N CENTRAL AVE  
SEBASTIAN FL 32958

Mailing Address

1317 N CENTRAL AVE  
SEBASTIAN FL 32958

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

65-0839543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEREZ, BETH M  
1317 N CENTRAL AVE  
SEBASTIAN FL 32958

A. L. PEREZ JR

7. Name and Address of New Registered Agent

Name

A. L. PEREZ JR

Street Address (P.O. Box Number is Not Acceptable)

1317 N CENTRAL AVE

City

SEBASTIAN

FL

Zip Code

32958

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 P ☐ Delete

NAME PEREZ, JR., A.L.  
STREET ADDRESS 1317 N. CENTRAL AVE.  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE P ☒ Delete

NAME PEREZ, BETH M  
STREET ADDRESS 1317 N. CENTRAL AVE.  
CITY-ST-ZIP SEBASTIAN FL 32958

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME 100003438101  
STREET ADDRESS -10/24/00--01095--009  
CITY-ST-ZIP \*\*\*\*\*550.00 \*\*\*\*\*550.00

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

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED PEREZ JR, PRES 9-7-00 581-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)