MAR-29-2002 FRI 12:41 PM BRIGID D SOLDAVINI, CPA FAX NO.

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90116 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046320

1. Entity Name

Perkins & Associates Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 8725 Chatham St
Suite, Apt. #, etc.
City & State: Ft Myers FL
Zip: 33907 Country

3. Mailing Address: ~~Same~~ PO Box 61560
Suite, Apt. #, etc.
City & State: FT MYERS FL
Zip: 33906 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0837599 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Perkins John J II
Street Address (P.O. Box Number is Not Acceptable): 8725 Chatham Street
City: Ft. Myers FL Zip Code: 33907

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Perkins John J II 8725 Chatham Street Ft Myers, FL 33907
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/3/2002 9414181204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #