

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051177

1. Entity Name

PERROS GRANDE II, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90176 031 \*\*\*150.00

Principal Place of Business

455 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770

Mailing Address

455 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3515974

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

ARSENAULT, KENNETH G JR.  
10255 ULMERTON ROAD  
SUITE 2  
LARGO FL 33771

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, 2000 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 **D** ☒ Delete  
NAME **ARSENAULT, KENNETH G JR.**  
STREET ADDRESS **10255 ULMERTON ROAD SUITE 2**  
CITY-ST-ZIP **LARGO FL 33771**

TITLE **DPS** ☐ Change ☒ Addition  
NAME **William G. Buckles**  
STREET ADDRESS **455 N. Indian Rocks Road**  
CITY-ST-ZIP **Belleair Bluffs, FL 33770**

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

TITLE **D, VP** ☐ Change ☒ Addition  
NAME **Greg D. Veltman**  
STREET ADDRESS **455 N. Indian Rocks Road**  
CITY-ST-ZIP **Belleair Bluffs, FL 33770**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **David M. Veltman**  
STREET ADDRESS **455 N. Indian Rocks Road**  
CITY-ST-ZIP **Belleair Bluffs, FL 33770**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Timothy Landt**  
STREET ADDRESS **455 N. Indian Rocks Road**  
CITY-ST-ZIP **Belleair Bluffs, FL 33770**

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

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

TITLE **-** ☐ Delete  
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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.22.00

Date

Daytime Phone #

727.585.6333

CR2E034 (9/99)