

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000051628**

1. Entity Name

PERPETUA, INC.**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90122 003 ***150.00

Principal Place of Business 5620 N KOLB RD SUITE #220 TUCSON AZ 85750 US	Mailing Address 5620 N KOLB RD SUITE #220 TUCSON AZ 85750 US
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2. Principal Place of Business 3430 E. Sunrise Dr.	3. Mailing Address 3430 E. Sunrise Dr.
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Suite, Apt. #, etc. Ste 160	Suite, Apt. #, etc. Ste 160
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City & State Tucson, AZ	City & State Tucson, AZ
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Zip 85718	Country USA	Zip 85718	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1782794	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent F&L CORP. 200 LAURA STREET JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMATH, DIVAKAR		NAME		
STREET ADDRESS	5620 N KOLB RD, #220		STREET ADDRESS	3430 E. Sunrise Dr., #160	
CITY-ST-ZIP	TUCSON AZ 85750		CITY-ST-ZIP	Tucson, AZ 85718	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINKSCALE, FRANK		NAME		
STREET ADDRESS	5620 N KOLB RD, #220		STREET ADDRESS		
CITY-ST-ZIP	TUCSON AZ 85750		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, ANITA		NAME		
STREET ADDRESS	5620 N KOLB RD, #220		STREET ADDRESS	3430 E. Sunrise Dr., #160	
CITY-ST-ZIP	TUCSON AZ 85750		CITY-ST-ZIP	Tucson, AZ 85718	
TITLE	DPC	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMONDS COTTON, SLIVY		NAME		
STREET ADDRESS	5620 N KOLB RD, #220		STREET ADDRESS	3430 E. Sunrise Dr., #160	
CITY-ST-ZIP	TUCSON AZ 85750		CITY-ST-ZIP	Tucson, AZ 85718	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, JANETTE M		NAME		
STREET ADDRESS	5620 N. KOLB RD, #220		STREET ADDRESS	3430 E. Sunrise Dr., #160	
CITY-ST-ZIP	TUCSON AZ 85750		CITY-ST-ZIP	Tucson, AZ 85718	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Janette M. Hunter JANETTE M. HUNTER 2/16/01 520 615-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)