

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058339

1. Entity Name

ROBERT W. PERKINS, P.A.

FILED

00 OCT 23 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2033 DOOMAR DRIVE
TALLAHASSEE FL 32308

Mailing Address

2033 DOOMAR DRIVE
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3522092

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERKINS, ROBERT W
2033 DOOMAR DRIVE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name Robert W. Perkins

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

2033 Doomar Drive

City

Tallahassee

FL

Zip Code

32308

8. The above named entity submit 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: ☐

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 PSTD
NAME PERKINS, ROBERT W
STREET ADDRESS 2033 DOOMAR DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIG. W. Perkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/2000

Date

BSU/309-1051

Daytime Phone #

CR2E034 (5/00)