

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063594

1. Entity Name
PERITO CONTRACTING COMPANY

Principal Place of Business
3720 SAWGRASS DR.
TITUSVILLE FL 32780

Mailing Address
3720 SAWGRASS DR.
TITUSVILLE FL 32780-5487

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

4. FEI Number
59-3527579
Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATHEWUSE, DEBORAH A
3720 SAWGRASS DR.
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name Joseph Pirrotta
Street Address (No. Box, Number is Not Acceptable)

3720 SAWGRASS DR
TITUSVILLE FL 32780

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.

Joseph D. Pirrotta Pres. 4/14/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD PIRROTTA, JOSEPH D 3720 SAWGRASS DR. TITUSVILLE FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHEWUSE, DEBORAH A 3720 SAWGRASS DR TITUSVILLE FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Joseph D. Pirrotta 4/14/2000 321-268-9143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)