Apr 30 01 12:46p Jim Strong

5/21/01-90034-0

FILED
Jul 18, 2001 8:00 am
Secretary of State
05-21-2001 90034 029 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065844

1. Entity Name

R PERRY MARKETING COMMUNICATIONS INC.

Principal Place of Business	Mailing Address
2616 W GRAND RESERVE CIRCLE #229 CLEARWATER FL 33759	2616 W GRAND RESERVE CIRCLE #229 CLEARWATER FL 33759

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8325 BAY POINTE DR. #706	8325 BAY POINTE DRIVE, #706
Suite, Apt. #, etc.: #706	Suite, Apt. #, etc.: #706
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33615 / Country:	Zip: 33615 / Country:

4. FEI Number: 59-3523909 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Robert Pierzynski
~~2616 W Grand Reserve Circle #229~~
Clearwater FL 33759

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 8325 Bay Pointe Drive, #706

City: Tampa FL Zip Code: 33615

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 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) ☐

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. ☐ $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	P Pierzynski, Robert 2616 W Grand Reserve Circle #229 ~~Clearwater Fl 33759~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8325 Bay Pointe Drive, #706 Tampa Fl 33615 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Robert Pierzynski Pres 813-884-3724
Signature and typed or printed name of signing officer or director / Date / Daytime Phone #