

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068066

1. Entity Name

PERRY AUTOMATION CONSULTING, INC.

Principal Place of Business

Mailing Address

P.O. BOX 22381
ST PETERSBURG FL 33742

P.O. BOX 22381
ST PETERSBURG FL 33742

2. Principal Place of Business

3135 39th Ave North

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite # 7

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip

33714

Country

Pinellas

Zip

Country

6. Name and Address of Current Registered Agent

PERRY, CHARLES A
1110 N.W. 16TH AVE.
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name Charles A. Perry, P.E.

Street Address (P.O. Box Number is Not Acceptable)
3135 39th Ave North

Suite # 7

City

St. Petersburg

FL

Zip Code

33714

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

CCOA.P.

Charles A. Perry, P.E., President

10 Jan 2001

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, 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	MIZE, CHRISTOPHER D	
STREET ADDRESS	1110 NW 16TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

CCOA.P.

Charles A. Perry, P.E.

10 Jan 2001

727-526-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90149 001 ***150.00

A U U N O F U E



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)