

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90607 010 ***150.00

DOCUMENT # P98000084451

1. Entity Name
PERILLI FLOORING, INC.

Principal Place of Business
**5230 NW ALJO CIR
 PORT ST LUCIE FL 34986**

Mailing Address
**PO BOX 12314
 PORT ST LUCIE FL 34979**

2. Principal Place of Business

3. Mailing Address

5230 NWALJOcircle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port St Lucie FL

Zip

Country

Zip

Country

34986

USA

4. FEI Number

65-0865144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERILLI, PETER
 5230 NW ALJO CIRCLE
 PORT ST LUCIE FL 34986**

Name

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

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.

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, 2002 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 ☐ Delete
P
 NAME **PERILLI, PETER**
 STREET ADDRESS **5230 NW ALJO CIR**
 CITY-ST-ZIP **PORT ST LUCIE FL 34986**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
VP
 NAME **POLLACK, PAUL**
 STREET ADDRESS **1034 SW FACET AVE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
S
 NAME **PERILLI, ELIZABETH**
 STREET ADDRESS **5230 NW ALJO CIR**
 CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
T
 NAME **NOWACKI, FRANKLIN**
 STREET ADDRESS **474 SW WEST VIRGINIA DR**
 CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE ☒ Change ☐ Addition
 NAME **Nowacki, Franklin**
 STREET ADDRESS **5456 NW Moorhen Trail #101**
 CITY-ST-ZIP **Port St. Lucie FL 34986**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Peter Perilli**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)