

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90136 006 \*\*\*150.00

**DOCUMENT # P98000085813**

1. Entity Name  
**E PERROTTA AND ASSOCIATES, INC.**



Principal Place of Business  
P.O. BOX 771011  
CORAL SPRINGS FL 33077-1011

Mailing Address  
P.O. BOX 771011  
CORAL SPRINGS FL 33077-1011



2. Principal Place of Business  
**1402 Royal Palm Bch Blvd**

3. Mailing Address  
**1402 Royal Palm Bch Blvd**

Suite, Apt. #, etc.  
**Bldg 700 - Suite 102**

Suite, Apt. #, etc.  
**Bldg 700 - Suite 102**

City & State  
**Royal Palm Bch, FL**

City & State  
**Royal Palm Bch, FL**

Zip Country  
**33411 US**

Zip Country  
**33411 US**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0871877**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**PERROTTA, ERIC**  
**16719 67TH COURT NORTH**  
**LOXAHATCHEE FL 33470**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/10/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PERROTTA, ERIC</b>	
STREET ADDRESS	<b>P.O. BOX 771011 N/A</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33077-1011</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PERROTTA, LISA</b>	
STREET ADDRESS	<b>P.O. BOX 771011 N/A</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33077-1011</b>	
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		

## 11. 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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/03** **381-868-1866**  
Date Daytime Phone #

CR2E034 (10/02)