# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 26, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# P98000091278

**Entity Name:** PERNICIARO LABORATORIES, INC.

**Current Principal Place of Business:**

302 THIRD ST
SUITE 2
NEPTUNE BEACH, FL 32266 US

**New Principal Place of Business:**

804 THIRD ST
SUITE A
NEPTUNE BEACH, FL 32266 US

**Current Mailing Address:**

3008 E. PARK AVE
BRUNSWICK, GA 34520

**New Mailing Address:**

3008 E. PARK AVE
BRUNSWICK, GA 31520

**FEI Number: 59-3541077** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERNICIARO, CHARLES M.D.
804 3RD ST SUITE A
NEPTUNE BEACH, FL 32266

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: PERNICIARO, CHARLES M.D.
Address: 302 THIRD ST. SUITE 2
City-St-Zip: NEPTUNE BEACH, FL 32266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: PERNICIARO, CHARLES M.D.
Address: 804 THIRD ST. SUITE A
City-St-Zip: NEPTUNE BEACH, FL 32266

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES PERNICIARO MD DR 02/26/2002

Electronic Signature of Signing Officer or Director Date