

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90003 042 \*\*\*150.00

**DOCUMENT # P98000096259**

1. Entity Name

**M A PERRY & SON DAIRY, INC.**

Principal Place of Business

**ROUTE 3 BOX 193  
MAYO FL 32066**

Mailing Address

**ROUTE 3 BOX 193  
MAYO FL 32066**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2847596**

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

**PERRY, M A  
ROUTE 3 BOX 193  
MAYO FL 32066**

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.

(NOT

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
PERRY, M A  
ROUTE 3 BOX 193  
MAYO FL 32066** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
PERRY, RYAN  
RT 3 BOX 64  
MAYO FL 32066**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
PERRY, PATRICIA  
ROUTE 3 BOX 193  
MAYO FL 32066**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PERRY, TIFFANY  
RT 3 BOX 64  
MAYO FL 32066**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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:

*Marshall A. Perry*  
**MARSHALL A. PERRY**  
DIRECTOR

*5/01/01*  
Date

*904-294-1188*  
Daytime Phone #

*This was never looked during TAX  
Season. did not realize Fee had  
not been paid until check was not  
in statements.*

*M.A.P.*

CR2E034 (10/00)