

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90056 027 ***150.00

DOCUMENT # **P98000096259**

1. Entity Name

M.A. Perry & Son Dairy, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

706 N.W. Palmetto Rd

3. Mailing Address

706 N.W. Palmetto Rd **MAYO, FL 32066**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MAYO FL

City & State

MAYO FL

4. FEI Number

59-2847596

Applied For

Not Applicable

Zip

32066

Country

Lafayette

Zip

32066

Country

Lafayette

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

M.A. Perry

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

706 N.W. Palmetto Rd

City

MAYO

FL

Zip Code

32066

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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

President
M.A. Perry
706 N.W. Palmetto Rd
MAYO, FL 32066

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V. President
RYAN Perry
1809 S.W. Co Rd 300
MAYO, FL 32066

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Sec Treasury
Patricia O. Perry
706 N.W. Palmetto Rd
MAYO, FL 32066

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Board member (Director)
Timothy L. Perry
1809 S.W. Co Rd 300
MAYO, FL 32066

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

M.A. Perry **M.A. Perry**

6/10/03

Date

386-294-1488

Daytime Phone #

CR2E034B (12/02)