

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027359

1. Entity Name

RALPH PERKINS PAINTING, INC.

Principal Place of Business

48 ANN LEE LANE
TAMARAC FL 33319

Mailing Address

48 ANN LEE LANE
TAMARAC FL 33319

2. Principal Place of Business

525-N. OCEAN BLVD

Suite, Apt. #, etc.

1214

3. Mailing Address

P.O. Box 778

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-0916075

Applied For

Not Applicable

Zip

33062

Country

USA

Zip

33061

Country

USA

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

PERKINS, RALPH
48 ANN LEE LANE
TAMARAC FL 33319

Name

RALPH PERKINS

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

525-N. OCEAN BLVD #1214

City

Pompano Beach

FL

Zip Code

33062

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, 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 ☐ Delete
NAME D
STREET ADDRESS PERKINS, RALPH
CITY-ST-ZIP 48 ANN LEE LANE
TAMARAC FL 33319

TITLE ☒ Change ☐ Addition
NAME P/D
STREET ADDRESS RALPH PERKINS
CITY-ST-ZIP 525-N. OCEAN BLVD #1214
Pompano Beach, FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V
STREET ADDRESS Donna M. PERKINS
CITY-ST-ZIP 525-N. OCEAN BLVD #1214
Pompano Beach, FL 33062

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH H. PERKINS 4/5/01 (954) 946-5669

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)