

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034141

1. Entity Name

LAW OFFICES OF JOSEPH C. PERZAN, P.A.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90127 035 ***150.00

Principal Place of Business

Mailing Address

1009 E. HIGHWAY 436
ALTAMONTE SPRINGS FL 32701

1009 E. HIGHWAY 436
ALTAMONTE SPRINGS FL 32701-5005

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

59-3572964

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

PERZAN, JOSEPH C
1555 HOWELL BRANCH ROAD STE. C201
WINTER PARK FL 32789-1170

Name JOSEPH C. PERZAN

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

938 SOUTHRIDGE TRAIL

City ALTAMONTE SPRINGS FL

Zip Code 32714

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, 2000 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 D
NAME PERZAN, JOSEPH C
STREET ADDRESS 1555 HOWELL BRANCH ROAD STE. C201
CITY-ST-ZIP WINTER PARK FL 32789-1170

☐ Delete

TITLE
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STREET ADDRESS
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TITLE PRESIDENT
NAME JOSEPH C. PERZAN
STREET ADDRESS 1009 E HIGHWAY 436
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701-5005

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

JOSEPH C. PERZAN

4/24/00

Date

407-339-5554

Daytime Phone #