2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 16, 2001 8:00 am Secretary of State DOCUMENT # P9900034141 1. Entity Name LAW OFFICES OF JOSEPH C. PERZAN, P.A. 01-16-2001 90064 031 ***150 00 Principal Place of Business Mailing Address 1009 E. HIGHWAY 436 1009 E. HIGHWAY 436 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 **U U M U M U** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 59-3572964 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERZAN, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 938 SOUTHRIDGE TRAIL MEHONY ALTAMONTE SPRINGS FL 32714 the purpose of changing its registered office or registered agent, or both, 8. The above named entity submits this sta SIGNATURE required when reinstating) Signature, N FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) ☐ Change ☐ Addition TITLE TITLE ☐ Delete PERZAN, JOSEPH C NAME NAME STREET ADDRESS STREET ADDRESS 1009 E HWY 436 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-5005 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.