

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044180

1. Entity Name

JOADY B. PERRETT, P.A.

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90134 046 \*\*\*550.00

Principal Place of Business

1215 HILLTOP DR  
 MT DORA FL 32757

Mailing Address

1215 HILLTOP DR  
 MT DORA FL 32757

2. Principal Place of Business

431 Maple Tree Dr

3. Mailing Address

700 Old Orchard Dr

Suite, Apt. #, etc.

# 311

Suite, Apt. #, etc.

City & State

Altoma FL

City & State

Hendersonville NC

Zip

32702

Country

LAKE

Zip

28139

Country

Henderson

4. FEI Number

59-3577301

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PERRETT, JOADY B  
 1215 HILLTOP DR  
 MT DORA FL 32757

7. Name and Address of New Registered Agent

Name

Joady B Perrett

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

431 Maple Tree Dr # 311

City

Altoma

FL

Zip Code

32702

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	D	<input type="checkbox"/> Delete
NAME	PERRETT, JOADY B	
STREET ADDRESS	1215 HILLTOP DR	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joady B Perrett	
STREET ADDRESS	431 Maple Tree Dr # 311	
CITY-ST-ZIP	Altoma FL 32702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Joady B Perrett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00  
 Date

888 454 2840  
 Daytime Phone #

CR2E034 (5/00)