

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90129 003 ***150.00

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DOCUMENT # P99000044968

1. Entity Name
PERLA & GREEN, P.A.

Principal Place of Business

~~200 E. ROBINSON ST. STE. 1170~~
ORLANDO FL 32801

Mailing Address

~~200 E. ROBINSON ST. STE. 1170~~
ORLANDO FL 32801

2. Principal Place of Business

203 E. Livingston St.

Suite, Apt. #, etc.

3. Mailing Address

203 E. Livingston St.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip **32801**

Country

Orange

City & State

Orlando FL

Zip **32801**

Country

Orange

4. FEI Number

59-3577013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERLA, HENRY L

~~200 E. ROBINSON ST. STE. 1170~~
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **Henry L. Perla**

Street Address (P.O. Box Number is Not Acceptable)
203 E. Livingston St.

City **Orlando**

FL

Zip Code **32801**

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, 2002 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

TITLE ☐ Delete
NAME **D PERLA, HENRY L**
STREET ADDRESS ~~200 E. ROBINSON ST. STE. 1170~~
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
NAME **D GREEN, CARYN M**
STREET ADDRESS ~~200 E. ROBINSON ST. STE. 1170~~
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **203 E. Livingston St.**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **203 E. Livingston St.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4/7/02 407-245-7700

CR2E034 (9/01)