

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90004 035 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051755
1. Entity Name
 PERRY RICH INC.

Principal Place of Business
 3100 N. MAIN ST
 JACKSONVILLE FL 32206

Mailing Address
 3100 N. MAIN ST
 JACKSONVILLE FL 32206

772566

2. Principal Place of Business
 3100 N. MAIN STREET
 Suite, Apt. #, etc.

3. Mailing Address
 3100 N. MAIN STREET
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 JACKSONVILLE FL

4. FEI Number
 59-3580688

Applied For
 Not Applicable

Zip
 32206

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 PERRY RICHIE
 3100 N. Main Street
 Jacksonville, FL 32206

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. **FILE NOW!!! FEE IS \$150.00. After MAY 1, 2001 Fee will be \$650.00. 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
PERRY RICHIE			
3100			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ **Date** 6/23/01 **Daytime Phone #**

Attachment
DH# P091000051755
772564

**Terence N. Thurson Inc.
Full Service Accounting Firm
8716 Lem Turner Road
Jacksonville, Florida 32208**

**Baymeadows Location:
9838 Old Baymeadows Road Suite 382
Jacksonville, Florida 32256**

**Tele 904-764-7717
Fax 904-766-7608**

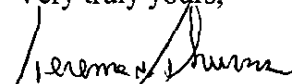
June 23, 2001

Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Reference: 59-3580688
Perry Rich Inc
3100 N Main Street
Jacksonville Florida 32206

The president of the corporation was extremely sick for the past several months; which has caused the late filing of the annual report. Please accept the 150.00 dollar filing fee and reinstâate the corporation.

Very truly yours,


Terence N. Thurson