

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063960

1. Entity Name

BOB PERRY ENTERPRISES, INC.

FILED

Mar 15, 2001 8:00 am  
Secretary of State

03-15-2001 90015 005 \*\*\*150.00

Principal Place of Business

Mailing Address

131 BAYSHORE DR  
EASTPOINT FL 32328

P.O. BOX 496  
EASTPOINT FL 32328

2. Principal Place of Business

3. Mailing Address

61 GREEN ISLAND WAY

P.O. BOX 6550

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

DESTIN, FL

4. FEI Number

59-3588733

Applied For

Not Applicable

Zip

32550

Country

U.S.

Zip

32550

Country

U.S.

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

PERRY, ROBERT D  
131 BAYSHORE DR  
EASTPOINT FL 32328

Name

PERRY, ROBERT D.

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

61 GREEN ISLAND WAY

City

DESTIN

FL

Zip Code

32550

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

3-7-01

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, 2001 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	<input type="checkbox"/> Delete
NAME	PERRY, ROBERT D	
STREET ADDRESS	P.O. BOX 496	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, HELEN A	
STREET ADDRESS	P.O. BOX 496	
CITY-ST-ZIP	EASTPOINT FL 32328	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, ROBERT D.	
STREET ADDRESS	P.O. BOX 6550	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, HELEN A.	
STREET ADDRESS	P.O. BOX 6550	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE	V. PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK L. PERRY	
STREET ADDRESS	P.O. BOX 6537	
CITY-ST-ZIP	DESTIN, FL 32550	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)