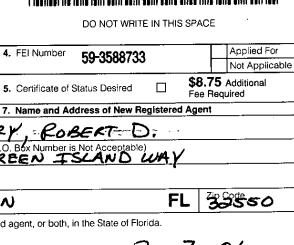
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000063960 BOB PERRY ENTERPRISES, INC. Principal Place of Business Mailing Address 131 BAYSHORE DR P.O. BOX 496 EASTPOINT FL 32328 **EASTPOINT FL 32328** 3. Mailing Address 2. Principal Place of Business P. O. BOX 6550 6 GREEN ISLAND WAY Suite, Apt. #, etc. uite, Apt. #, etc. 4. FEI Number City & State City & State 59-3588733 ESTIN FL DESTIN Country П Certificate of Status Desired U.S 3*255*0 U.5 6. Name and Address of Current Registered Agent Name PERRY - ROBERT D: Street Address (P.O. Box Number is Not Acceptable) GREEN TSLAND W PERRY, ROBERT D 131 BAYSHORE DR EASTPOINT FL 32328 City DESTIN ourpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE PERRY, ROBERT D. TITLE NAME PERRY, ROBERT D NAME P.O. BOX 6550 STREET ADDRESS STREET ADDRESS P.O. BOX 496 CITY-ST-ZIP CITY-ST-ZIP **EASTPOINT FL 32328** ☐ Delete TITLE PERRY, HELEN A. P.O. BOX 6550 NAME PERRY, HELEN A STREET ADDRESS STREET ADDRESS P.O. BOX 496 CITY-ST-ZIP CITY-ST-ZIP **EASTPOINT FL 32328** PRES. TITLE ☐ Delete MARK L. PERRY P.O. BOX-6537 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED Mar 15, 2001 8:00 am Secretary of State

03-15-2001 90015 005 ***150.00



ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition Change DEST IN , F432550 **XL**Change ☐ Addition ESTIN, FL 38550 Addition ☐ Change Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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

Daytime Phone #

\$5.00 May Be

Added to Fees