

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90094 049 \*\*\*150.00

**DOCUMENT # P99000083029**

1. Entity Name

**PERACTO, INC.**

Principal Place of Business

Mailing Address

**3301 SW 13 STREET APT F166  
 GAINESVILLE FL 32608**

**3301 SW 13 STREET APT F166  
 GAINESVILLE FL 32608-3052**

2. Principal Place of Business

3. Mailing Address

**2002 NW 13 STREET**

**2002 NW 13 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 140**

**Suite 140**

City & State

City & State

**Gainesville, FL**

**Gainesville, FL**

Zip

Country

Zip

Country

**32609**

**USA**

**32609**

**USA**

4. FEI Number

**59 359 7975**

Applied For

Not Applicable

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

**VARGAS, ANTHONY  
 3301 SW 13 STREET APT F166  
 GAINESVILLE FL 32608**

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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<del>OFFICER</del>	<del>Anthony Vargas</del>	<del>3301 SW 13th St, Suite F166</del>	<del>Gainesville, FL 32608</del>	<input type="checkbox"/>
	<del>Anthony Vargas</del>	<del>3301 SW 13th St, Suite F166</del>	<del>Gainesville, FL 32608</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/T/S	Anthony Vargas	3301 SW 13th St, Apartment F166	Gainesville, FL 32608	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C	Marcus Adolfsson	3301 SW 13th St, Apartment F166	Gainesville, FL 32608	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** Anthony Vargas **Anthony Vargas** 04-07-00 352-214-7572  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000002



DO NOT WRITE IN THIS SPACE