

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000083029

FILED  
Mar 04, 2003  
Secretary of State

Entity Name: PERACTO, INC.

**Current Principal Place of Business:**

235 S MAIN ST  
SUITE 104  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

201 SE 2ND AVE  
SUITE 412  
GAINESVILLE, FL 32601

**Current Mailing Address:**

235 S MAIN ST  
SUITE 104  
GAINESVILLE, FL 32601

**New Mailing Address:**

201 SE 2ND AVE  
SUITE 412  
GAINESVILLE, FL 32601

FEI Number: 59-3597975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VARGAS, ANTHONY  
201 SE 2ND AVE  
412  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTS ( ) Delete  
Name: VARGAS, ANTHONY  
Address: 201 SE 2ND AVE, UNIT 412  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY VARGAS

PTS

03/04/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date