

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110259

1. Entity Name

PERFECT PARTNERS, INC.

**FILED**  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90065 048 \*\*\*150.00

Principal Place of Business

4950 BAYSHORE BLVD STE 9  
TAMPA FL 33611

Mailing Address

4950 BAYSHORE BLVD STE 9  
TAMPA FL 33611

2. Principal Place of Business

501 S. Ft. Harrison Av.

3. Mailing Address

501 S. Ft. Harrison Ave.

Suite, Apt. #, etc.

Suite 212

Suite, Apt. #, etc.

Suite 212

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33756

Country

Zip

33756

Country

4. FEI Number

APPLIED FOR

59-3644410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, RUSS  
4950 BAYSHORE BLVD STE 9  
TAMPA FL 33611

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

RUSS KRAMER, ~~SECRETARY~~

4/30/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KRAMER, RUSS	
STREET ADDRESS	4950 BAYSHORE BLVD STE 9	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	DAVID HOOKS	
STREET ADDRESS	1701 GOLF VIEW DR.	
CITY-ST-ZIP	BELEAIR, FL 33756	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	GEORGE BEECH	
STREET ADDRESS	4 BELVIEW BLVD #801	
CITY-ST-ZIP	BELEAIR FL 33756	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSS KRAMER	
STREET ADDRESS	4950 BAYSHORE BLVD STE 9	
CITY-ST-ZIP	TAMPA FL 33611	
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		
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

3-30-01

Date

813-805-9636

Daytime Phone #

CR2E034 (10/00)

0519836