

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91197 047 ***150.00

DOCUMENT # S25314

1. Entity Name
PERCHARD CORPORATION

Principal Place of Business
**1130 CAMPANELLI DRIVE WEST
 PLANTATION FL 33322**

Mailing Address
**1130 CAMPANELLI DRIVE WEST
 PLANTATION FL 33322**

2. Principal Place of Business
8225 NW 13 STREET
 Suite, Apt. #, etc.

3. Mailing Address
8225 NW 13 ST.
 Suite, Apt. #, etc.

City & State
PLANTATION, FL
 Zip
33322
 Country
USA

City & State
PLANTATION, FL
 Zip
33322
 Country
USA

4. FEI Number
11-2528512

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOBRIS, MICHAEL
1130 CAMPANELLI DRIVE WEST
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name
DOBRIS, MICHAEL
 Street Address (P.O. Box Number is Not Acceptable)
8225 NW 13 ST
 City **PLANTATION** FL Zip Code **33322**

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 *Michael Dobris* **MICHAEL DOBRIS** DATE **4/20/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 ☐ Delete
 NAME **PD DOBRIS, MARILYN C.**
 STREET ADDRESS **1130 CAMPANELLI DRIVE WEST**
 CITY-ST-ZIP **PLANTATION FL 33321**

TITLE ☐ Delete
 NAME **SVD DOBRIS, MICHAEL R.**
 STREET ADDRESS **1130 CAMPANELLI DRIVE WEST**
 CITY-ST-ZIP **PLANTATION FL 33321**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PD DOBRIS, MARILYN C.**
 STREET ADDRESS **8225 NW 13 ST.**
 CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE ☒ Change ☐ Addition
 NAME **SVD DOBRIS, MICHAEL R.**
 STREET ADDRESS **8225 NW 13 ST.**
 CITY-ST-ZIP **Plantation, FL 33322**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Michael Dobris* **MICHAEL DOBRIS** DATE **4/20/2002** DAYTIME PHONE # **(954) 371-0631**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)