**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # \$54583  1. Entity Name GREY PERNA ENTERPRISES, INC.					Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90021 034 ***150.00			
Principal Place of Business 4401 SW PORT WAY PALM CITY FL 34990 US		Mailing Address PO BOX 2054 PALM CITY FL 34991 US			838417			
2. Principal Place of Business		3. Mailing Address				}	######################################	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4.</b> F	El Number 65-0273931		pplied For ot Applicable	
Zip Country		Zip Country		5. (	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	gistered Agent	<u> </u>	7. N	lame and Address of New Registers	· · · · · · · · · · · · · · · · · · ·		
PERNA, C	Name Street Addres							
	MURPHY RD TY FL 34990		City	FL Zip Code				
Signature, typed or printed name of registered agent and titl  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		) itate	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PERNA, GREY 2403 SW.MURPHY RD PALM CITY FL 34990	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	BITIONS/CHANGES TO OFFICENS A	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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indicated	certify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empore or on an attachment with an address, with	ie and accurate and that my si	onature shall have th	e same le	egal effect as if made under oath: that	t I am an officer	or director	

SIGNATURE: