

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-05-2003 91154 043 ***150.00
V10571

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DOCUMENT # V10571

1. Entity Name
PERFICON ENTERPRISES, INC.



FILED

03 AUG 12 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6095 NW 8TH ST
STE. 212
MARGATE FL 33083

Mailing Address
P.O. BOX 100907
FT. LAUDERDALE FL 33310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
WINDSOR

Suite, Apt. #, etc.

City & State
ONTARIO ~~FLA~~

City & State

Zip
N8S 1T9

Country
CANADA

Zip

Country

4. FEI Number 65-0316983

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONTRINO, PIETRO
6095 NW 8TH ST
STE. 212
MARGATE FL 33083

Name

Street Address (P.O. Box Number)
2649 NE 14th Terrace

City Pumpmo Beach FL Zip 33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
DPS CONTRINO, PIETRO
STREET ADDRESS 6095 NW 8TH ST
CITY-ST-ZIP MARGATE FL 33083

TITLE NAME ☒ Change ☐ Addition
8650 WYANDOTTE ST. E.
STREET ADDRESS WINDSOR ONT. CANADA N8S 1T9
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26/2003 519 948 9245

Date

Daytime Phone #

CR2E034 (10/02)