

2000 UNIFORM BUSINESS REPORT (UBR)

0465723

DOCUMENT # V26895

1. Entity Name

PEROWID CORPORATION

FILED

00 FEB -7 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2340 PERIWINKLE WAY SUITE J-3 SANIBEL FL 33957	Mailing Address 2340 PERIWINKLE WAY SUITE J-3 SANIBEL FL 33957-3220
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2. Principal Place of Business 2340 Periwinkle Way Suite, Apt. #, etc. Suite I-2 City & State Sanibel Island, Florida Zip 33957	Country USA	3. Mailing Address 2340 Periwinkle Way Suite, Apt. #, etc. Suite I-2 City & State Sanibel Island, Florida Zip 33957	Country USA
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4. FEI Number 65-0323251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RATLIFF, ROBERT LEE, III 2340 PERIWINKLE WAY SUITE J-3 SANIBEL FL 33957	7. Name and Address of New Registered Agent Name Ratliff, Robert Lee III Street Address (P.O. Box Number is Not Acceptable) 2340 Periwinkle Way Suite I-2 City Sanibel Island FL Zip Code 33957
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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 DATE _____

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME RATLIFF, ROBERT LEE, III STREET ADDRESS 2340 PERIWINKLE WAY STE. J-3 CITY-ST-ZIP SANIBEL FL	<input type="checkbox"/> Delete	TITLE PD NAME Ratliff, Robert Lee III STREET ADDRESS 2340 Periwinkle Way, Suite I-2 CITY-ST-ZIP Sanibel Island, Florida 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME RATLIFF, ROBERT LEE, III STREET ADDRESS 2340 PERIWINKLE WAY STE J-3 CITY-ST-ZIP SANIBEL FL	<input type="checkbox"/> Delete	TITLE ST NAME Ratliff, Robert Lee III STREET ADDRESS 2340 Periwinkle Way, Suite I-2 CITY-ST-ZIP Sanibel Island, Florida 33957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 2-2-00 941-395-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)