

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90297 009 ***150.00

DOCUMENT # V26895

1. Entity Name
PEROWID CORPORATION

Principal Place of Business
**2340 PERIWINKLE WAY., SUITE I-2
 SANIBEL ISLAND FL 33957**

Mailing Address
**2340 PERIWINKLE WAY., SUITE I-2
 SANIBEL ISLAND FL 33957**

532792



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
730 Birdie View Point

3. Mailing Address
730 Birdie View Point

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sanibel Island, FL

City & State
Sanibel Island, FL

4. FEI Number **65-0323251**

Applied For
 Not Applicable

Zip Country
33957 Lee

Zip Country
33957 Lee

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RATLIFF, ROBERT LEE III
 2340 PERIWINKLE WAY., SUITE I-2
 SANIBEL ISLAND FL 33957**

Name
Ratliff, Robert Lee III

Street Address (P.O. Box Number is Not Acceptable)
730 Birdie View Point

City State Zip Code
Sanibel Island FL 33957

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PSTD RATLIFF, ROBERT LEE III 2340 PERIWINKLE WAY., SUITE I-2 SANIBEL ISLAND FL 33957 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PSTD Ratliff, Robert Lee III 730 Birdie View Point Sanibel Island, FL 33957 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01
 Date

(941) 395-1300
 Daytime Phone #

CR2E034 (10/00)