

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90102 045 ***150.00

DOCUMENT # P00000046542

1. Entity Name

PERFORMANCE PLUS U.S.A., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4310 Sheridan St. #

3. Mailing Address

4310 Sheridan St.

Suite, Apt. #, etc. #202

Suite, Apt. #, etc. #202

DO NOT WRITE IN THIS SPACE

City & State
Hollywood, Florida

City & State
Hollywood, Florida

4. FEI Number
65-1008611

Applied For
Not Applicable

Zip 33021 Country U.S.A.

Zip 33021 Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Burton, Andre S.

Street Address (P.O. Box Number is Not Acceptable)
4310 Sheridan Street, #202

City Hollywood FL Zip Code 33021

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 registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PTD
NAME Sullivan, Scott F.
STREET ADDRESS 4310 Sheridan St. #202
CITY-ST-ZIP Hollywood, FL 33021

TITLE VSD
NAME Sullivan, Alana L.
STREET ADDRESS 4310 Sheridan St., #202
CITY-ST-ZIP Hollywood, FL 33021

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all others like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #