

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90214 045 \*\*\*150.00

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**DOCUMENT # P0000091943**

1. Entity Name  
**EVERGLADES PERFORMANCE ENGINEERING, INC.**



Principal Place of Business  
**2050 N ANDREWS AVENUE  
#107  
POMPANO BEACH FL 33069**

Mailing Address  
**2050 N ANDREWS AVENUE  
#107  
POMPANO BEACH FL 33069**

2. Principal Place of Business  
**1750 NW 21st STREET**

3. Mailing Address  
**1750 NW 21st STREET**

Suite, Apt. #, etc.

City & State  
**POMPANO BEACH FL**

City & State  
**POMPANO BEACH FL**

Zip  
**33069**

Country  
**USA**

4. FEI Number  
**65-1044351**

Applied For  
 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

**PAGE, ROBERT C  
11293 NW 11TH COURT  
CORAL SPRINGS FL 33071**

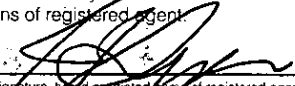
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  DATE **11/7/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP PAGE, ROBERT C 11293 NW 11TH COURT CORAL SPRINGS FL 33071</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV DOUGLAS, KENNETH S 810 SE 6TH AVE POMPANO BEACH FL 33060</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAGE, EDITH 7298 BROOKWOOD DRIVE BROOKFIELD OH 44403</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOUGLAS, PAUL 872 N BEL AIR DRIVE PLANTATION FL 33317</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANDARY, CASIMER 2709 ASPEN LANE BLOOMFIELD HILLS MI 48302</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MUNGER, RICHARD 56 HORTON LANE NEW CANAAN CT 06840</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:  DATE **11/7/03** DAYTIME PHONE # **954 971 9544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)