2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIS

FILED DOCUMENT # **P99000004760** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** PERFORMANCE TECH 2000, INC. 03-01-2000 90053 029 ***150.00 Principal Place of Business Mailing Address 515 N. FLAGLER DRIVE. SUITE 1900 515 N. FLAGLER DRIVE. SUITE 1900 WEST PALM BEACH FL 33401-4330 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business ZIZ US Hwy 212 US Hu DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suiter-13. Applied For 4. FEI Number City & State City & State 65-0908485 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П US A Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUNSTON, W. JAY JR. Street Address (P.O. Box Number is Not Acceptable) 515 N. FLAGLER DRIVE, SUITE 1900 WEST PALM BEACH FL 33401 Zip Code City F٤ 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE-IS:\$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition President Change ☐ Delete TITLE TITLE Arthur J. Scornavacca, Jr. 212 US Hwy 1, suite 13 NAME NAME STREET ADDRESS STREET ADDRESS Tequesta, FL 33469 CITY-ST-ZIP CITY-ST-ZIP MONTHS MARKET Vice President Change Addition TITLE ☐ Delete mike Rynkewicz NAME NAME 212 Us Huyl, Svite 13 STREET ADDRESS STREET ADDRESS guesta, FL 33469 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE □ Delete NAME NAME 212 Us Hay 1 STREET ADDRESS STREET ADDRESS Tequesta, Fl 33469 CITY-ST-ZIP CITY-ST-ZIP Vice President □ Change **Addition** ☐ Delete TITLE TITLE Donald Meder NAME NAME 212 UJ-Hay-1; scit=13. STREET ADDRESS STREET ADDRESS Tequesta, FL 33469 CITY-ST-ZIP CITY-ST-ZIP Vice President ☐ Change ☐ Addition □ Delete TITLE Dan Sasario vite 13 212 us Huy 1, Suite 13 NAME NAME STREET ADDRESS STREET ADDRESS Tegursta, FL 33469 CITY-ST-ZIP CITY: ST: ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.