

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085914

1. Entity Name

PERFORMANCE HORSE PRODUCTS, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90071 023 ***150.00

Principal Place of Business

35470 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982

Mailing Address

35470 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982

2. Principal Place of Business

35470 WASHINGTON LOOP ROAD

3. Mailing Address

35470 WASHINGTON LOOP ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PUNTA GORDA FLORIDA

City & State

PUNTA GORDA FLORIDA

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

33982

Country

USA

Zip

33982

Country

USA

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

GAGE, GENE

35470 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982

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.

SIGNATURE

Gene Gage GENE GAGE / PRESIDENT

4.25.2001

(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
SP
GAGE, GENE
35470 WASHINGTON LOOP RD
PUNTA GORDA FL 33982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
BUFFINGTON, KATHY
2595 CENTERVILLE RD
TALLAHASSEE FL 32308 ☐ 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:

Gene Gage GENE GAGE / PRESIDENT 4.25.2001 631-8452

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (10/00)