

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91352 014 \*\*\*150.00

**DOCUMENT # F97000005216**

1. Entity Name  
**PERFORMANCE SECURITIZATION CORPORATION**



Principal Place of Business  
**9240 BONITA BEACH RD. SUITE 1109  
BONITA SPRINGS FL 34135  
US**

Mailing Address  
**9240 BONITA BEACH RD. SUITE 1109  
BONITA SPRINGS FL 34135  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1937341**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **ERVIN, LEE N**  
STREET ADDRESS **250 N SHADELAND AVENUE**  
CITY-ST-ZIP **INDIANAPOLIS IN 46219**

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

TITLE **D** ☐ Delete  
NAME **WEST, THOMAS M**  
STREET ADDRESS **695 E. MAIN STREET, 3RD FLOOR**  
CITY-ST-ZIP **STAMFORD CT 06904**

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

TITLE **PTAS** ☐ Delete  
NAME **GRAZIANI, LEEANNE**  
STREET ADDRESS **9240 BONITA BCH RD- STE 1109**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE **VSAT** ☐ Delete  
NAME **HUERTA, DAWN M**  
STREET ADDRESS **9240 BONITA BCH RD- STE 1109**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE **D** ☐ Delete  
NAME **MULLENIX, GARY**  
STREET ADDRESS **425 DOCKSIDE DRIVE #805**  
CITY-ST-ZIP **NAPLES FL 34110**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D Douglas E. Starkey**  
STREET ADDRESS **250 N. Shadeland**  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Leeanne W. Graziani*  
Resident

4/23/02 (239)948-1850

Date

Daytime Phone #

CP2E034 (10/02)

Attachment # 80096287

PERFORMANCE SECURITIZATION CORPORATION - DOCUMENT F97000005216  
Supplement to Block 10 and 11

Addition:

D  
David Michael Pointer II  
2510 118<sup>th</sup> Avenue North  
St. Petersburg, FL 33716