

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002201

1. Entity Name

PERFORMANCE ROTABLES, INC.

Principal Place of Business

5340 N.W. 21 AVE., HANGAR 60
FORT LAUDERDALE FL 33309

Mailing Address

5340 N.W. 21 AVE., HANGAR 60
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0757131

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

BRENKUS, SHARLENE
225 DANIA BEACH BLVD., STE. 210
DANIA FL 33004

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

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 P
NAME ELLIS, BARRY
STREET ADDRESS 5340 N.W. 21ST AVENUE, BLDG 60
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 33309

TITLE D
NAME BRENKUS, SHARLENE
STREET ADDRESS 2200 WEST COMMERCIAL BLVD., STE 309
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 33004

TITLE VP
NAME VANASSE, RAYMOND F
STREET ADDRESS 2085 HURONTARIO STREET, STE 200
CITY-ST-ZIP MISSISSAUGA ONTARIO CANADA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP L5A 4G1

TITLE ST
NAME PROCTOR, ROGER W
STREET ADDRESS 2085 HURONTARIO STREET, STE 200
CITY-ST-ZIP MISSISSAUGA ONTARIO CANADA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP L5A 4G1

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TITLE
NAME
STREET ADDRESS
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.

SIGNATURE:

Raymond F. Vanasse

Raymond F. Vanasse, VP

Jan. 4, 01

(905) 803-8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90304 001 ***900.00

26481



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)