

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 31 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F9900002201**

1. Entity Name

PERFORMANCE ROTABLES, INC. ✓

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2. Principal Place of Business  
5535 NW 15TH AVENUE

Suite, Apt. #, etc.

HANGAR 66

City & State

FORT LAUDERDALE, FLORIDA

Zip

33304

Country

U.S.A.

3. Mailing Address

2085 HURONTARIO STREET

Suite, Apt. #, etc.

#200

City & State

MISSISSAUGA, ONTARIO

Zip

L5A 4G1

Country

CANADA

4. FEI Number

65-0757131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SHARLENE BRENKUS

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

Ste. 260, 800 W. Cypress Creek Road

City

Ft. Lauderdale

FL

33309

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IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE D  
NAME SHARLENE BRENKUS  
STREET ADDRESS Ste. 260, 800 W. Cypress Creek Road  
CITY-ST-ZIP Ft. Lauderdale, Florida 33309

TITLE NAME  
NAME 900005765319--9  
STREET ADDRESS -06/13/02--01034--016  
CITY-ST-ZIP \*\*\*1200.00 \*\*\*\*150.00

TITLE P  
NAME BARRY ELLIS  
STREET ADDRESS 5535 NW 15TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE, FLORIDA, 33304

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPST  
NAME RAYMOND F. VANASSE  
STREET ADDRESS 2085 HURONTARIO STREET, #200  
CITY-ST-ZIP MISSISSAUGA, ONTARIO, CANADA, L5A4G1

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE RAYMOND F. VANASSE