

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003551

1. Entity Name

PROFORMANCE GROUP INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90007 010 ***550.00

Principal Place of Business

15 BROOKFIELD OAKS DRIVE
GREENVILLE SC 29607

Mailing Address

15 BROOKFIELD OAKS DRIVE
GREENVILLE SC 29607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 57-0835416

Applied For

Not Applicable

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

CT 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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	CP	<input type="checkbox"/> Delete
NAME	SMITH, RODNEY R	
STREET ADDRESS	206 FOXCROFT ROAD	
CITY-ST-ZIP	GREENVILLE SC 29615	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, WILLIAM K	
STREET ADDRESS	28 CORBIN COURT	
CITY-ST-ZIP	TAYLORS SC 29687	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, CONSTANCE	
STREET ADDRESS	206 FOXCROFT ROAD	
CITY-ST-ZIP	GREENVILLE SC 29615	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, TOM	
STREET ADDRESS	309 E STONE AVE	
CITY-ST-ZIP	GREENVILLE SC 29609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

867-675-9001

8/28/00

Date

Daytime Phone #

CR2E034 (5/00)