

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90108 001 \*1,650.00

**DOCUMENT # G32383**

1. Entity Name  
**PERFORMANCE INDUSTRIAL EQUIPMENT, INC.**

Principal Place of Business 100 NW 12TH AVE DEERFIELD BEACH FL 33442 US	Mailing Address 111 NW 12TH AVE DEERFIELD BEACH FL 33442-1701 US
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1 2 0 4 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 111 NW 12TH AVENUE LEGAL DEPT JMFDF018
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DEERFIELD BEACH FL	City & State
Zip 33442	Country USA

4. FEI Number 59-2740660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NOLAND, RICHARD A</b> 100 NW 12TH AVE DEERFIELD BCH FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, COLIN W.</b> 100 NW 12TH AVE. DEERFIELD BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WHELAN, JOHN J</b> 100 NW 12TH AVE DEERFIELD BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ALLEN, A. TUCKER</b> 100 NW 12TH AVE. DEERFIELD BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BRILLIANT, JON A</b> 100 NW 12TH AVENUE DEERFIELD BCH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS, GARY LEE</b> 100 NW 12TH AVE DEERFIELD BCH. FL <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>SNEAD, CAREN J.</b> 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS, GARY L.</b> 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: John J. Whelan SECRETARY 04/27/00 954-429-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)