

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37042

1. Entity Name

PANHANDLE PERFORMANCE, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90083 016 \*\*\*150.00

Principal Place of Business

60 JOHN SIMS PKWY  
VALPARAISO FL 32580  
US

Mailing Address

198 ROSEMARK LN  
FT WALTON BEACH FL 32548  
US

C0010935



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

60 JOHN SIMS PKWY

Suite, Apt. #, etc.

3. Mailing Address

60 JOHN SIMS PKWY

Suite, Apt. #, etc.

City & State

VALPARAISO, FL

City & State

VALPARAISO, FL

Zip

32580

Country

USA

Zip

32580

Country

USA

4. FEI Number

59-2479307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAUGHMAN, CARL  
198 ROSE MARIE LANE  
FT. WALTON BEACH FL 32548

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

CARL CAUGHMAN

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

(NOTE: Registered Agent signature required when reinstating)

19 JAN 00

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 ☐ Delete  
NAME PD  
STREET ADDRESS CAUGHMAN, CARL  
CITY-ST-ZIP 198 ROSEMARIE LN  
FT WALTON BEACH FL

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS ROBERTS, TIM  
CITY-ST-ZIP 472 ANDREW DRIVE  
VALPARAISO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Add  
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:

CARL CAUGHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 JAN 00

Date

850 678 6988

Daytime Phone #