

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H47015

1. Entity Name

PERFORMANCE SOARING, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90144 027 ***150.00

Principal Place of Business

219 N. LAKE HARTRIDGE DR
WINTER HAVEN FL 33881
US

Mailing Address

219 N LAKE HARTRIDGE DR
WINTER HAVEN FL 33881-9543
US

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

59-2493746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLLARD, DONALD H.
219 N. LAKE HARTRIDGE DR
WINTER HAVEN FL 33881

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

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, 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 DV
NAME POLLARD, DONALD H.
STREET ADDRESS 219 N. LAKE HARTRIDGE DR
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

TITLE DT
NAME ESTRADA, ERNESTO
STREET ADDRESS 217 HARTRIDGE HILLS CT
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

TITLE D
NAME NELSON, STAN
STREET ADDRESS 4351 TIDEWATER DR.
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE DP
NAME FUSS, PETER S.
STREET ADDRESS 28 LYLE MCKEE ROAD
CITY-ST-ZIP MORRISVILLE VT ☐ Delete

TITLE DS
NAME PERKINS, J. RUSSELL
STREET ADDRESS 16 PILOT PLACE
CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ernesto Estrada/Tres. 1/26/00 863-956-1227