2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100005568

1. Entity Name

NORTHEAST PERFORMANCE COMPANY

Principal Place of Business

Mailing Address

150 WOODCREST DRIVE #412 ST AUGUSTINE FL 32084

150 WOODCREST DRIVE #412 ST AUGUSTINE FL 32084

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. City & State City & State

FILED Jun 18, 2002 8:00 am Secretary of State

05-13-2002 90125 022 ****61.25

Applied For

35726

4. FEi Number



DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS CITY-ST-ZIP Change Ad Change					<u> </u>	WD:13	N	lot Applicable
BUSINESS FILINGS INCORPORATED 1000 WEST AWENUE SUITE 1114 MAMAI BEACH FL 33139 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 Spearur, yood or private name of registered agent and title? Accideable PILE NOW: FEE IS \$61.25 9. Election Campelon Financing Trust Fund Contribution. Added to Fees Make Check Peyable to Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 UNITE NUME STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P TITLE	Zip	Country	Zip	Country	5. Certificate of Status			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 SCHARTURE STREET NOW: FEE IS \$81.25 0. Bection Campaign Financing Trust Fund Contribution. SS.00 May Be Added to Florida Address or Addres		6. Name and Address of Current Reg	Istered Agent		7. Name and Addres	s of New Registered A	gent	
City FL Zip Code				Name				
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, speed or presed name of inglessered agent and tits if agriculture By Election Campaign Financing S5.00 May Be Added to Florida Added to Florida OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. INTE. DIVERCITY STATE NAME STREET ADDRESS OUT - ST-ZIP TITLE NAME STREET ADDRESS STREE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
City FL Zip Code								
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Supravire, Typidd of printed name of legislated agont and title if applicable Comparison Co	8. The above	e named entity submits this statement for the	purpose of changing its re	egistered office or regis	stered agent, or both, in the	state of Florida.		
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution.	SIGNATURE		e if applicable. (NOTE: A	legistered Agent signalure гест	rired when reinstating)	DATE		
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE	G	FILE NOW: FEE IS \$61.25			\$5.00 May Be Added to Fees			
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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<u>9048961960</u>