

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013614

1. Entity Name
PERFORMANCE DEVELOPMENT LINKS, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90250 008 ***150.00

Principal Place of Business
19212 GLENMOOR DRIVE
WEST PALM BEACH FL 33409

Mailing Address
19212 GLENMOOR DRIVE
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

931 Village Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 905, Box 300

City & State

City & State

West Palm Beach, FL

Zip

Country

Zip

Country

33409

USA

4. FEI Number

05-0989875

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STUART, NANCY M
19212 GLENMOOR DRIVE
WEST PALM BEACH FL 33409

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS STUART, NANCY M
CITY-ST-ZIP 19212 GLENMOOR DRIVE
WEST PALM BEACH FL 33409

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BORDA, JORGE E
CITY-ST-ZIP 6557 MARISSA CIRCLE
LAKE WORTH FL 33467

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FOGLEMAN, SUSAN M
CITY-ST-ZIP 122 RIVERSIDE DRIVE
JUPITER FL 33469

TITLE ☒ Change ☐ Addition
NAME Vice president
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS TRIPLETT, HERBERT W
CITY-ST-ZIP 5865 PARKWALK DRIVE
BOYNTON BEACH FL 33437

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MELLEN, ROBERT L III
CITY-ST-ZIP 255 S. ORANGE AVE., 17TH FLOOR
ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME Vice president
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Nancy M. Stuart, President, 1/5/01 561-686-3835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)