

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90051 032 ***150.00

DOCUMENT # P00000013614

1. Entity Name

PERFORMANCE DEVELOPMENT LINKS, INC.

Principal Place of Business

~~19212 GLENMOOR DRIVE~~
~~WEST PALM BEACH FL 33409~~

Mailing Address

~~931 VILLAGE BLVD~~
~~STE 905 BOX 300~~
~~WEST PALM BEACH FL 33409~~

Nancy M Stuart



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

731 Vista Isle Drive

3. Mailing Address

731 Vista Isle Drive

Suite, Apt. #, etc.

#1526

Suite, Apt. #, etc.

#1526

City & State

Surprise, FL

City & State

Surprise, FL

4. FEI Number

65-0989875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUART, NANCY M

~~19212 GLENMOOR DRIVE~~ *731 Vista Isle Dr. #1526*
~~WEST PALM BEACH FL 33409~~ *Surprise, FL 33325*

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, 2002 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 **P** ☐ Delete
NAME **STUART, NANCY M**
STREET ADDRESS ~~19212 GLENMOOR DRIVE~~ *731 Vista Isle Dr.*
CITY-ST-ZIP ~~WEST PALM BEACH FL 33409~~ *#1526*

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

TITLE **VPD** ☐ Delete
NAME **FOGLEYMAN, SUSAN M**
STREET ADDRESS **122 RIVERSIDE DRIVE**
CITY-ST-ZIP **JUPITER FL 33469**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME *Nancy M Stuart*
STREET ADDRESS ~~731 Vista Isle Dr.~~ *#1526*
CITY-ST-ZIP ~~Surprise, FL~~ *33325*

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

TITLE ☒ Change ☐ Addition
NAME *Fogleman, Susan M*
STREET ADDRESS *Box 733*
CITY-ST-ZIP *Placida, FL 33946-0733*

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

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

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/02 954-423-2794

CR2E034 (9/01)