## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P00000067233

1. Entity Name

LEAD DAWG PRO PERFORMANCE CORPORATION



## FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90151 034 \*\*\*158.75

						COD WI	1800								
36302 HIGHW #B				Address HIGHWAY 52											
DADE CITY FL 33525			DADE	DADE CITY FL 33525											
2. Principal Place of Business			3. Mailir	3. Mailing Address						1611  1111  	! BU!)  84	li sahit asi.	IO DIFIN IDDIO FI	PRO UNI	19 IIII 1 <b>88</b> 1
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State			City 8	City & State				→ h5~1023585 <del></del>						ed For	
Zip	Zíp Country			Zip Count			5. Certificate of Status D			esired	ď	\$8.75 Additional Fee Required			
٠.,	6. Name ar	rent Registered	Registered Agent				7. Name and Address of New Registered Agent								
1	<del>in minimal</del> (2) - 2) <del>202</del> 24-1	Ante Ly Lair	عواص	- د د د من سسين	والبيد دجر	.Name <sub>=</sub> .	٠				مرسم فرده	ي رسه حمد	riuge, Arus		•
RIO, JOH			<u> </u>			Street Address (P.O. Box Number is Not Acceptable)									
36302 HIGHWAY 52				L			On our rounded (1.0. Dox rounded to not Acceptable)								
DADE CIT	Y FL 33520														
	10						City				FL Zip Code				
8. The above		ubmits this stateme	ent for the purpo	se of changing its	registered	office or	registere	d agen	it, or both, i	n the Sta	te of Flo	rida. Far	m familiar wi	th, an	d accept
the obligat	tions of registere	ed agent.	) ·	T=1			7).						. 🖈		_
SIGNATURE	AW	a The	<u> </u>	7011	U L	<u>~. 1</u>	710					_/-	<u>-78-</u>	0	<u> </u>
	Signature, typed or p	rinted name of registered	agent and title if applic	cable. (NOTE	E: Régistered A	Agent signatu	ire required w	when reins	stating)			DATE		(	
		FEE IS \$150.00 Fee will be \$550	I .						9. Election	on Camp Fund Cor	-	_			May Be Fees
Make Check	k Payable to F	lorida Departme	nt of State						Husti	una con	III IDGIIOI	٠.		160 10	1 663
10. /		OFFICERS.	AND DIRECTOR	S	11.								ND DIRECTO	DRS II	V 11
TITLE	PD			☐ Delete	TITLE		VP	D	ohn ortk				Chang	e [	Addition
NAME	RIO, JOHN L				NAME	4	Rio	1	hn	H					
STREET ADDRESS	36302 HIGH DADE CITY I					ADDRESS	1931	SF	OrTK	119	Rd.				
CITY-ST-ZIP	DADE CITT	L 33320			CITY-S	- ZIP	DAG	iec	+YF	73	<u>352</u>	5_			
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STREET ADDRESS						ADDRESS									
CITY-ST-ZIP	L				CITY-ST										
12. I hereby o	certify that the in	formation supplied	I with this filing d	loes not qualify for	the exemp	ption state	ed in Sec	tion 119	9.07(3)(i), F	lorida St	atutes. I	further c	ertify that the	e info	mation

2. 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 eignaure 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 10 or Block 11 in 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