

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091402

1. Entity Name

PERFORMANCE, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90087 027 ***150.00

Principal Place of Business

2675 WOLF BRANCH RD.
MT. DORA FL 32757

Mailing Address

2675 WOLF BRANCH RD.
MT. DORA FL 32757

2. Principal Place of Business

995 N. ST. RD. 434

Suite, Apt. #, etc.

306

3. Mailing Address

995 N. ST. RD. 434

Suite, Apt. #, etc.

306

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

USA

Zip

32714

Country

USA

4. FEI Number

59-3673438

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REESE, RUSSELL
2675 WOLF BRANCH RD.
MT. DORA FL 32757

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, 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

TITLE PD
NAME WOOD, STEPHEN
STREET ADDRESS 1781 WATERBEACH COURT
CITY-ST-ZIP APOPKA FL 32703

☐ Delete

TITLE D
NAME REESE, RUSSELL
STREET ADDRESS 2675 WOLF BRANCH RD.
CITY-ST-ZIP MT. DORA FL 32757

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V/D
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE P/D
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Russell Reese

4/10/01 407-389-2750

Date

Daytime Phone #

CR2E034 (10/00)