2001 UNIFORM BUSINESS REPORT (UBR) 06-26-2001 90005 020 *** IS0:00 P00000091943 DOCUMENT # P00000091943 ntum 25 M 3:40 EVERGLADES PERFORMANCE ENGINEERING. INC. Principal Place of Business Mailing Address 11293 NW 11TH COURT 11293 NW 11TH COURT CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65/04435) Applied For City & State City & State Not Applicable Country \$8.75 Additional Zio Country Zip 5. Certificate of Status Desired ____ 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAGE, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 11293 NW 11TH COURT CORAL SPRINGS FL 33071 Zip Code City specifient for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this SIGNATURE (NOTE: Registered Agent signature required when trinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE PAGE, ROBERT C NAME NAME STREET ADDRESS 11293 NW 11TH COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CORAL SPRINGS FL 33071 Change ☐ Addition Delete TIRE TITLE DOUGLAS, KENNETH S NAME NAME STREET ADDRESS STREET ADDRESS 810 SE 6TH AVE CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP □ Change Addition Detete IME TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TILE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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, et 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:

WHE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OF DIRECTOR

6/21/2001

9549919544 Dept.com Prone # CR2E034 (10/00)

A0074831 June 21, 2001 buse accept my chech for my soppen Polit (Page 11293 NW 11th Court Corol Spings Ft. 33071

		12 303
		PREPARED BY
PAGE		DATE
. 1	-	
.2		July 18 2001
3		
. 4		Dear Sis:
5		Reference humber: P0000091943
. 6		I am writing again to ash you to
7		pe consider my request to waine the
~ ~ : 8		late fee on my onwal report/ jungorm
9		business report I am back to work how
10.	0	nd an truing to beep my business
11		running ofter my illness. The \$400.
12	L	
- 13		To much my reporting on time next year?
14	(I could use the relief.
15		agnin Plesse reconsider
16		
17		Thoul you
_ 18		Pdut Chan
19		mal Spring Ll 33871
20		
21		
22		
23		
24		
25		
26		
27		
executive® 28		· · · · · · · · · · · · · · · · · · ·