

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90135 044 ***158.75

DOCUMENT # P00000091943

1. Entity Name
EVERGLADES PERFORMANCE ENGINEERING, INC.

Principal Place of Business

**11293 NW 11TH COURT
 CORAL SPRINGS FL 33071**

Mailing Address

**11293 NW 11TH COURT
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

2050 N ANDREWS AVE #107

3. Mailing Address

2050 N. ANDREWS AVE #107

Suite, Apt. #, etc.

POMPANO BEACH FL

Suite, Apt. #, etc.

POMPANO BEACH FL

City & State

City & State

4. FEI Number

65-1044351

Applied For

Not Applicable

Zip

33069-1490

Country

USA

Zip

33069-1409

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAGE, ROBERT C

11293 NW 11TH COURT

CORAL SPRINGS FL 33071

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

ROBERT C. PAGE

02/20/02

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	DP	<input type="checkbox"/> Delete
NAME	PAGE, ROBERT C	
STREET ADDRESS	11293 NW 11TH COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DOUGLAS, KENNETH S	
STREET ADDRESS	810 SE 6TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	EDITH M. PAGE, DIRECTOR	<input type="checkbox"/> Delete
NAME	7298 BROOKWOOD DR	
STREET ADDRESS	BROOKFIELD OHIO 44403	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	PAUL DOUGLAS	
STREET ADDRESS	872 N BEL AIR DRIVE	
CITY-ST-ZIP	PLANTATION	
TITLE	C.J. ANDARY, DIRECTOR	<input type="checkbox"/> Delete
NAME	2709 ASPEN LANE	
STREET ADDRESS	BLOOMFIELD HILLS MI 48302	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	RICHARD MUNGER	
STREET ADDRESS	56 HORTON LANE	
CITY-ST-ZIP	NEW CANAAN CT 06840	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	EDITH PAGE
CITY-ST-ZIP	7298 BROOKWOOD DRIVE
	BROOKFIELD OHIO 44403
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	PAUL DOUGLAS
CITY-ST-ZIP	872 N. BEL AIR DRIVE
	PLANTATION FL 33317
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	CASIMER ANDARY
CITY-ST-ZIP	2709 ASPEN LANE
	BLOOMFIELD HILLS MI 48302
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	RICHARD MUNGER
CITY-ST-ZIP	56 HORTON LANE
	NEW CANAAN CT 06840

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 another like empowered.

SIGNATURE:

Robert C. PAGE 02/20/02 954 971 9544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (9/01)