

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90214 045 ***150.00

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DOCUMENT # P00000091943

1. Entity Name
EVERGLADES PERFORMANCE ENGINEERING, INC.



Principal Place of Business
2050 N ANDREWS AVENUE
#107
POMPANO BEACH FL 33069

Mailing Address
2050 N ANDREWS AVENUE
#107
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

1250 NW 21ST STREET

1250 NW 21ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

Zip
33069

Country
USA

Zip
33069

Country
USA

4. FEI Number **65-1044351**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAGE, ROBERT C
11293 NW 11TH COURT
CORAL SPRINGS FL 33071

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

117103

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ **Delete**
NAME **PAGE, ROBERT C**
STREET ADDRESS **11293 NW 11TH COURT**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE **DV** ☐ **Delete**
NAME **DOUGLAS, KENNETH S**
STREET ADDRESS **810 SE 6TH AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE **D** ☐ **Delete**
NAME **PAGE, EDITH**
STREET ADDRESS **7298 BROOKWOOD DRIVE**
CITY-ST-ZIP **BROOKFIELD OH 44403**

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

TITLE **D** ☐ **Delete**
NAME **DOUGLAS, PAUL**
STREET ADDRESS **872 N BEL AIR DRIVE**
CITY-ST-ZIP **PLANTATION FL 33317**

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

TITLE **D** ☐ **Delete**
NAME **ANDARY, CASIMER**
STREET ADDRESS **2709 ASPEN LANE**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48302**

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

TITLE **D** ☐ **Delete**
NAME **MUNGER, RICHARD**
STREET ADDRESS **56 HORTON LANE**
CITY-ST-ZIP **NEW CANAAN CT 06840**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE **ROBERT C PAGE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

117103

954 971 9544

CR2E034 (10/02)