

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

0003250 AN

DOCUMENT # P00000101036

1. Entity Name
PIKE'S PEAK PERFORMANCE INC



06-17-2003 90024 002 ***150.00
07-14-2003 90350 040 ***400.00

Principal Place of Business
**8309 ATLANTIC BLVD
JACKSONVILLE FL 32211**

Mailing Address
**8309 ATLANTIC BLVD
JACKSONVILLE FL 32211**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3677411**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PIKE, JOHN K SR
10777 EXECUTIVE DR
JACKSONVILLE FL 32225**

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
PIKE, JOHN K SR
10777 EXECUTIVE DR
JACKSONVILLE FL 32225** ☐ Delete

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

TITLE
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CITY-ST-ZIP
**DS
PIKE, MAGDALENA T
10777 EXECUTIVE DR
JACKSONVILLE FL 32225** ☐ Delete

TITLE
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☐ Change ☐ Addition

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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.11.03 9047217221

Date Daytime Phone #

CR2E034 (4/03)

Attachment

90142811

PO00000101036

July 11, 2003

To whom it may concern,

Enclosed is the late fee of \$400.00. I heard the pre recorded message that there is no provision for waiver of this late fee. Why not? I have simply overlooked this one item. I feel that I am being raped! This is highway robbery! This government makes it very difficult for a small business to survive. Are you trying to put everyone out of work? I would like to know what is the purpose of this report and why a late fee of \$400.00, such a markup from \$150.00? You people never make an error?

Sincerely,

John K. Pile, Sr.
John K. Pile, Sr.