

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90026 015 \*\*\*150.00

**DOCUMENT #** P00000115834  
**1. Entity Name**  
**PERFORMANCE ENGINEERING MACHINE., INC.**

<b>Principal Place of Business</b> 1333 PINE AVENUE SUITE B ORLANDO FL 32824	<b>Mailing Address</b> 1333 PINE AVENUE SUITE B ORLANDO FL 32824
---	---

<b>2. Principal Place of Business</b> 2600 S. Hopkins Ave. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 16123 W. Colonial Dr. Suite, Apt. #, etc.
--	---

<b>City &amp; State</b> Titusville, FL	<b>City &amp; State</b> Winter Garden, FL
<b>Zip</b> 32796	<b>Zip</b> 34787
<b>Country</b> USA	<b>Country</b> USA

<b>FFA Number</b> 59-3686909	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
**KERN, WYNDELL**  
**17501 DEER ISLE CR.**  
**WINTER GARDEN FL 34787**

**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** *Wynndell T. Kern, Pres* **1/18/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PSTD	<b>NAME</b> KERN, WYNDELL T	<b>TITLE</b> PSTD	<b>NAME</b> KERN, WYNDELL T.
<b>STREET ADDRESS</b> 1333 PINE AVENUE SUITE B	<b>CITY-ST-ZIP</b> ORLANDO FL 32824	<b>STREET ADDRESS</b> 17501 DEER ISLE CR.	<b>CITY-ST-ZIP</b> Winter Garden, FL 34787
<b>TITLE</b> VD	<b>NAME</b> KERN, RALPH P	<b>TITLE</b> VP	<b>NAME</b> KERN, Ralph
<b>STREET ADDRESS</b> 1333 PINE AVENUE SUITE B	<b>CITY-ST-ZIP</b> ORLANDO FL 32824	<b>STREET ADDRESS</b> P.O. Box 2264	<b>CITY-ST-ZIP</b> Orlando, FL 32802
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**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:** *Wynndell T. Kern, Pres* **1/18/02** **407 9059330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)