

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90227 026 ***150.00

DOCUMENT # P01000004635

1. Entity Name
CNC PERFORMANCE, INC.

Principal Place of Business

Mailing Address

~~1011 SE 12TH CT~~

~~1011 SE 12TH CT~~

~~CAPE CORAL FL 33900~~

~~CAPE CORAL FL 33900~~

2. Principal Place of Business

3. Mailing Address

1929 DEL PRADO BLVD.

1929 DEL PRADO BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

Country

33990

Zip

Country

33990

4. FEI Number

65-1082285

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

~~COOPER, CORY~~

~~1011 SE 12TH CT~~

~~CAPE CORAL FL 33900~~

Name

COOPER, CORY

Street Address (P.O. Box Number is Not Acceptable)

1929 DEL PRADO BLVD.

City

CAPE CORAL

FL

Zip Code

33990

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

CORY COOPER

DATE

4/28/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME ~~COOPER, CORY~~
STREET ADDRESS ~~1011 SE 12TH CT~~
CITY-ST-ZIP ~~CAPE CORAL FL 33900~~

TITLE **D/P** ☒ Change ☒ Addition
NAME **COOPER, CORY**
STREET ADDRESS **1929 DEL PRADO BLVD.**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORY COOPER

Date

4/28/02 941-772-5110

Daytime Phone #

CR2E034 (9/01)