

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90123 047 ***158.75

DOCUMENT # P01000014820

1. Entity Name
CJR PERFORMANCE CO., INC.

Principal Place of Business

**1006 SEAGULL LN.
 LYNN HAVEN FL 32444**

Mailing Address

**1006 SEAGULL LN.
 LYNN HAVEN FL 32444**

B0136654



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593699971

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

**REED, CHARLES A
 1006 SEAGULL LN.
 LYNN HAVEN FL 32444**

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

8/31/02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **REED, CHARLES A**
 STREET ADDRESS **1006 SEAGULL LN.**
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **S** ☐ Change ☒ Addition
 NAME **CASSANDRA PAFFOON**
 STREET ADDRESS **1315 CAPRI DRIVE**
 CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **D** ☐ Delete
 NAME **REED, JANET D**
 STREET ADDRESS **1006 SEAGULL LN.**
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

8/31/02

Date

850-277-0849

Daytime Phone #

CR2E034 (4/02)



FURNITURE MEDIC®
"the prescription for damaged furniture"

Attachment

Furniture Medic
1006 Seagull Lane
Lynn Haven, FL 32444
850-277-0849
Fax: 850-277-0846
E-mail: creed@knology.net

P01000014820

To whom it may concern:

This letter is to inform you that our corporation CJR Performance Company, Inc. did not receive the prior notice of the 2002 Uniform Business Report. If there are any questions, you may contact me at (850) 277-0849. Thank you for your consideration in this matter.

Kind Regards,

Janet D. Reed
President



An independent business
licensed to serve you
by Furniture Medic