

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90228 012 \*\*\*150.00

0063764 AV

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

2. Principal Place of Business

3. Mailing Address

1823 W 27TH STREET 1823 W 27TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

PANAMA CITY FL

City & State

PANAMA CITY FL

4. FEI Number

59-3699971

Applied For

Not Applicable

Zip

32405

Country

USA

Zip

32405

Country

USA

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

*Janet D. Reed*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/03

**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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	REED, CHARLES A	
STREET ADDRESS	1006 SEAGULL LN.	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, JANET D	
STREET ADDRESS	1006 SEAGULL LN.	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAFFOON, CASSANDRA	
STREET ADDRESS	1315 CAPRI DR	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1823 W 27TH STREET
CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1823 W 27TH STREET
CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Janet D. Reed*

Janet D. Reed 4/23/03 850-770-9928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)