

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90357 009 \*\*\*150.00

**DOCUMENT # P01000082095**

1. Entity Name  
**MOTION PERFORMANCE, INC.**

Principal Place of Business

**675 94TH AVE. N.  
 NAPLES FL 34108**

Mailing Address

**675 94TH AVE. N.  
 NAPLES FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3742146**

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

**WILLIS, RALPH W  
 675 94TH AVE. N.  
 NAPLES FL 34108**

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**President  
 Ralph W. Willis  
 675 94th Avenue North  
 Naples, FL 34108**

**Secretary  
 Elizabeth A. Willis  
 675 94th Avenue North  
 Naples, FL 34108**

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:

**Elizabeth A. Willis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-12-2002 239-293-7231**

CR2E034 (4/02)

*Miller and Associates, Inc.*  
*Tax, Estate and Financial Planning Consultants*

5125 Castello Drive  
Naples, Florida 34103  
E-mail: *MillAssoc2@aol.com*

Toll Free 1-877-814-3672  
941 / 434-8800  
Fax 941 / 434-7738

July 12, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

*Attachment*

RE: Motion Performance, Inc.  
Florida Document #: P01000082095  
EIN # 59-3742146

*120892*

Dear Sir or Madam:

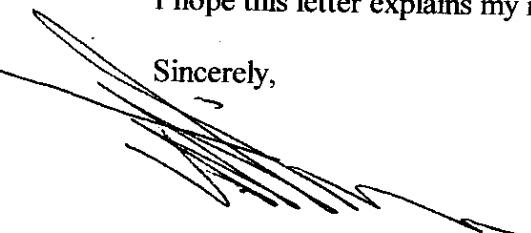
I am writing on behalf of and at the request of my client, Motion Performance, Inc. and its President, Ralph W. Willis.

Mr. Willis has just received the Second Notice regarding payment and filing of his 2002 UBR. He never received the first filing, or it would have been paid immediately.

I realize it is the responsibility of the corporate officer to understand what forms need to be filed and when, but since he is new to being incorporated, he failed to realize that the form had not been received. I understand that the State passed some legislation last summer regarding a more lenient policy for newer corporations and/or failures to file in the beginning years. It is based on this that I respectfully request that you accept this as reasonable cause, accept the enclosed check for \$150.00, and waive the additional filing fee. I assure you that this problem will not occur again.

I hope this letter explains my request, and I appreciate your consideration in this matter.

Sincerely,

  
Joe Miller  
Miller & Associates, Inc.