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2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 19, 2002 8:00 am Secretary of State

1. Entity Na	JMENT # PO1 FORMANCE, INC.	1000097535	V	05-24-2002 91290 002 ***150.00
Principal Place of Business Mailing Address				
215 N EOLA DRIVE 215 N EOLA DRIVE ORLANDO FL 32801 ORLANDO FL 32801				
UKLANSU F	-C 328UI	ORLANDO FL 32801		A LONG ON AN ARCHE WAS REING OR HE COME TO THE COME THE COME AND A STATE AND A STATE
Principal Place of Business 3.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u></u>	DO NOT WRITE IN THIS SPACE
e City & Sta	ate	City & State		4. FEI Number 59-3750806 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Cu	rrrent Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
			- Name	
HOCTOR, JAMES J 215 N EOLA DRIVE			Street Address	s (P.O. Box Number is Not Acceptable)
	O FL 32801			
	•		City	FL Zip Code
8. The above	a named antity submits this statem	nggt far the grunner of the sain-	·	tered agent, or both, in the State of Florida.
Tax filling	oration is eligible to satisfy its Intal requirement and elects to do so. iria on back)	After May 1,	W!!! FEE IS \$150.00 2002 Fee will be \$550.00 pable to Department of S	tate Added to Fees
TITLE	D	Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
name Street adoress City-St-Zip	LIBENBERG, MARIE JULIA. 21 C CASTLE HILLS ROAD AGAWAM MA 01001		NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		• •	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE		Delete	TITLE	Change Addition
NAME STREET ADDRESS" CITY-ST-ZIP			NAME STREET ADDRESS	
TITLE		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME		그 1444	NAME	Collands C Workfully
			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
1	,		NAME FIRST ADDRESS	
			CITY-ST-ZIP	·
		☐ Delete	TITLE	Change Addition
			NAME STREET ADDRESS	
			CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. hereby C	sertify that the information supplied	□ Delete A with this filing does not qualify f	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	

SIGNATURE AND TYPE OF A STATE OF STATES OF FICE OF CHILD MOTH

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