

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90128 046 ***150.00

DOCUMENT # P01000108482

1. Entity Name

ZEN PERFORMANCE, INC.

Principal Place of Business

**1408 EDGEWATER BEACH DRIVE
 LAKELAND FL 33805**

Mailing Address

**1408 EDGEWATER BEACH DRIVE
 LAKELAND FL 33805**

2. Principal Place of Business

2929 South Florida Avenue

3. Mailing Address

2929 South Florida Avenue

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

Suite #5

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33803

Country

POIK

Zip

33803

Country

POIK

4. FEI Number

59-3754997

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LUTHER, ERIC C
 1408 EDGEWATER BEACH DRIVE
 LAKELAND FL 33805**

7. Name and Address of New Registered Agent

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.

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 \$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

TITLE	PD	<input type="checkbox"/> Delete
NAME	AUGER, ERIC C	
STREET ADDRESS	1408 EDGEWATER BEACH DRIVE	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LUTHER, ERIC C	
STREET ADDRESS	1408 EDGEWATER BEACH DRIVE	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGER, SHARYN M.	
STREET ADDRESS	2929 South Florida Ave Suite 5	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2929 South Florida Ave. Suite 5	
CITY-ST-ZIP	LAKELAND, FL 33803	
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		

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: *Sharyn M. Auger, Pres.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-02

Date

863 802-5212

Daytime Phone #

CR2E034 (9/01)