

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/31/

FILED
Aug 18, 2003 8:00 am
Secretary of State

07-31-2003 90074 010 ***550.00

DOCUMENT # P02000075885

1. Entity Name
R & R PERFORMANCE, INC.



Principal Place of Business
**FAULKENBURG CENTER
501 SOUTH FAULKENBURG ROAD, SUITE D05
TAMPA FL 33619**

Mailing Address
**FAULKENBURG CENTER
501 SOUTH FAULKENBURG ROAD, SUITE D05
TAMPA FL 33619**

55054456



2. Principal Place of Business
FALKENBURG CENTER

3. Mailing Address
SAME AS #2

Suite, Apt. #, etc.
D-21 AND D-22

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State

4. FEI Number
13-4204080

Applied For
Not Applicable

Zip
33619

Country
USA

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

**ROGERS, RICHARD F JR
16841 HAWKRIDGE RD
LITHIA FL 33547**

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]*
Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE **PST** ☐ Delete
NAME **ROGERS, RICHARD F JR**
STREET ADDRESS **16841 HAWKRIDGE ROAD**
CITY-ST-ZIP **LITHIA FL 33547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

**SORRY FOR
THE TROUBLE!!
HOPE I DID THIS
RIGHT.
F.E.I.
13-4204080**

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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)