

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0448663 AV

DOCUMENT # P02000092887

1. Entity Name
STREET PERFORMANCE, INC.



05-02-2003 90192 007 ***150.00

Principal Place of Business
**613 ROOKS ROAD
SEFFNER FL 33584
US**

Mailing Address
**613 ROOKS ROAD
SEFFNER FL 33584
US**



2. Principal Place of Business
121 N. Kings Avenue
Suite, Apt. #, etc.

3. Mailing Address
121 N. Kings Avenue
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Brandon, FL

City & State
Brandon, FL

4. FEI Number
13-4212988

Applied For.
Not Applicable

Zip Country
33510 USA

Zip Country
33510 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

**BARD, JOHN F
613 ROOKS ROAD
SEFFNER FL 33584**

Name
Street Address (P.O. Box Number is Not Acceptable)
121 N. Kings Avenue
City Zip Code
Brandon FL 33510

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	BARD, JOHN F	
STREET ADDRESS	613 ROOKS ROAD	
CITY-ST-ZIP	SEFFNER FL 33584	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	121 N. Kings Avenue	
CITY-ST-ZIP	Brandon, FL 33510	
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: *John F. Bard* **John F. Bard** **4-29-03** **813-571-0500**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/02)