


FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91805 025 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000132124			
1. Entity Name GOLF PERFORMANCE PRODUCTS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 37 N. ORANGE Ave. Suite, Apt. #, etc. 500 City & State ORLANDO FL Zip 32801		3. Mailing Address 37 N. ORANGE Ave. Suite, Apt. #, etc. 500 City & State ORLANDO FL Zip 32801	
		DO NOT WRITE IN THIS SPACE	
		4. FEI Number 22-3890197	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Matthew Schwedel, Esq.			
Street Address (P.O. Box Number is Not Acceptable) ONE N. CLEMATIS ST Suite 600			
C/O Broad & Cassel			
City West Palm Beach FL Zip Code 33401			
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make check Payable to Florida Department of State			
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ARTHUR J HUDSON 37 N. ORANGE Ave # 500 ORLANDO FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / PRESIDENT WILLIAM E. FOLEY 37 N. ORANGE Ave # 500 ORLANDO FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER NEIL R WINTER 37 N. ORANGE Ave # 500 ORLANDO FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Neil R. Winter</i> 4/30/03 941-734-8987			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR NEIL R. WINTER - TREASURER			

CR2E034B (12/02)