

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031455

1. Entity Name

WINNING EDGE PERFORMANCE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90162 025 ***150.00

Principal Place of Business

Mailing Address

3825 ANDERSON BLVD., STE 605-C
 TAMPA FL 33629
 US

3825 ANDERSON BLVD., STE 605-C
 TAMPA FL 33629
 US

2. Principal Place of Business

3. Mailing Address

3825 HENDERSON BLVD., STE 605-C
 TAMPA FL 33629
 US

3825 HENDERSON BLVD., STE 605-C
 TAMPA FL 33629
 US



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #605-C
 TAMPA FL 33629

SUITE 605C
 TAMPA, FL 33629

4. FEI Number 59-3250424

Applied For
 Not Applicable

City & State
 TAMPA FL

City & State
 TAMPA, FL 33629

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

LOWE, FREDERICK T ESQ, PA
 3825 ANDERSON BLVD., STE 605-C
 TAMPA FL 33629

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME GILL, CHRISTOPHER B.
 STREET ADDRESS 3825 ANDERSON BLVD., STE 605-C
 CITY-ST-ZIP TAMPA FL 33629

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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:

Signature and typed or printed name of signing officer or director
 B. Christopher Gill

Date 4/26/2000 Daytime Phone #

CR2E034 (9/99)