

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90654 036 ***158.75

DOCUMENT # P95000094781

1. Entity Name
PERFORMANCE MANAGEMENT CONSULTING INC.

Principal Place of Business
~~1400 KINGSLEY AVENUE~~ **2105 PARK AVE**
~~SUITE 6A~~ **Suite 20**
~~ORANGE PK FL 32073~~
~~US~~ **32003**

Mailing Address
%DAVID A. KING. ESQ.
1416 KINGSLEY AVE.
ORANGE PARK FL 32073



2. Principal Place of Business
2105 Park Avenue

3. Mailing Address
Suite, Apt. #, etc.
Suite 20

City & State
Orange Park, FL

Zip
32003

Country
USA

4. FEI Number **59-3352136**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KING, DAVID A
ATTORNEY AT LAW
1416 KINGSLEY AVE.
ORANGE PARK FL 32073

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]* **DATE** *4/11/02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEATHERINGTON, DIANNE		NAME		
STREET ADDRESS	2509 EAGLE BAY DRIVE		STREET ADDRESS	1691 Country Walk Drive	
CITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZIP	Orange Park, FL 32003	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* **DATE** *4/11/02* **Daytime Phone #** *904 264 6827*

CR2E034 (9/01)