

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90233 048 \*\*\*158.75

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**DOCUMENT # P95000094781**

1. Entity Name

PERFORMANCE-MANAGEMENT CONSULTING INC.



Principal Place of Business

~~2105 PARK AVENUE~~  
~~SUITE 20~~  
~~ORANGE PARK FL 32063~~  
US

Mailing Address

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

2. Principal Place of Business

1691 Country Walk Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip  
32003

Country  
USA

Zip

Country

4. FEI Number

59-3352136

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WEATHERINGTON, DIANNE  
1691 COUNTRY WALK DRIVE  
ORANGE PARK FL 32003

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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: X

*Signature Required*

Date

Daytime Phone #

4/21/03 9042646327

CF2E034 (10/02)