

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90013 019 ***550.00

DOCUMENT # P96000075693

1. Entity Name
UNLIMITED PERFORMANCE INC.

Principal Place of Business
**145 SOUTH CONGRESS AVENUE
 DELRAY BEACH FL 33445**

Mailing Address
**145 SOUTH CONGRESS AVENUE
 DELRAY BEACH FL 33445**

2. Principal Place of Business
no longer in business

3. Mailing Address
616 Newlake Dr



DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach FL

City & State
Boynton Beach FL

4. FEI Number **65-0743466**

Applied For
 Not Applicable

Zip **33426** Country **USA**

Zip **33426** Country **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

**MAINIERO, JOSEPH
 145 SOUTH CONGRESS AVENUE
 DELRAY BEACH FL 33445**

Name **Mark Mainiero**

Street Address (P.O. Box Number is Not Acceptable)

616 Newlake Dr

City **Boynton Bch FL** Zip Code **33426**

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 *Mark Mainiero* **Mark Mainiero Pres.** **9-10-00**
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	MAINIERO, JOSEPH	
STREET ADDRESS	7525 BRISTOL BAY LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GIUSBURG, JENNIFER	
STREET ADDRESS	7525 BRISTOL BAY LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	AA P/T	<input type="checkbox"/> Delete
NAME	mark mainiero	
STREET ADDRESS	616 newlake	
CITY-ST-ZIP	Boynton Beach FL 33426	
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"/> 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		
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		

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: *Mark Mainiero* **Mark Mainiero Pres** **9-10-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)