

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90089 026 ***150.00

DOCUMENT # P97000025037

1. Entity Name

JERICO PERFORMANCE, INC.

Principal Place of Business

**5720 24TH AVENUE N.W.
 NAPLES FL 34119**

Mailing Address

**5720 24TH AVENUE N.W.
 NAPLES FL 34119**

2. Principal Place of Business

3. Mailing Address

107 Graham St. SE

107 Graham St SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Port Charlotte, FL

Zip

33952

Country

USA

Zip

33952

Country

USA

4. FEI Number

65-0740143

Applied For

Not Applicable

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

MYERS, DEBRA L

**5720 24TH AVE. N.W.
 NAPLES FL 34119**

Name

Myers, Debra L.

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

107 Graham St. SE

City

Port Charlotte

FL

Zip Code

33952

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

Debra L. Myers Debra L. Myers

1/7/02

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, 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **MYERS, DEBRA L.**
 CITY-ST-ZIP **5720 24TH AVE. N.W.
 NAPLES FL 34119**

TITLE ☒ Change ☐ Addition
 NAME **Myers, Debra L.**
 STREET ADDRESS **107 Graham St SE**
 CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Debra L. Myers **1/7/02** **941-235-9548**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)