2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000027775**

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIF

CITY-ST-7IE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIE

(See criteria on back)

PERFORMANCE CONSULTING ASSOCIATES, INC.

Country

WOLFGANG, HENRY D

2729 AUTUMN LEAVES DR. DAYTONA BEACH FL 32124

9. This corporation is eligible to satisfy its Intangible

WOLFGANG, HENRY D

2729 AUTUMN LEAVES DR.

DAYTONA BEACH FL 32124

2729 AUTUMN LEAVES DR.

DAYTONA BEACH FL 32124

208 CAONABO ST., COLINAS DE BAYQAN

WOLFGANG, CAROLE D

LIQUET, JORGE L

BAYAMON, PR 00957

Tax filing requirement and elects to do so.

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Principal Place of Business	Mailing Address	
AUTUMN LEAVES DR. BEACH FL 32124	2729 AUTUMN LEAVES DR. DAYTONA BEACH FL 32124-7151	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

Delete

Delete

Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE NAME

CITY-ST-ZIP

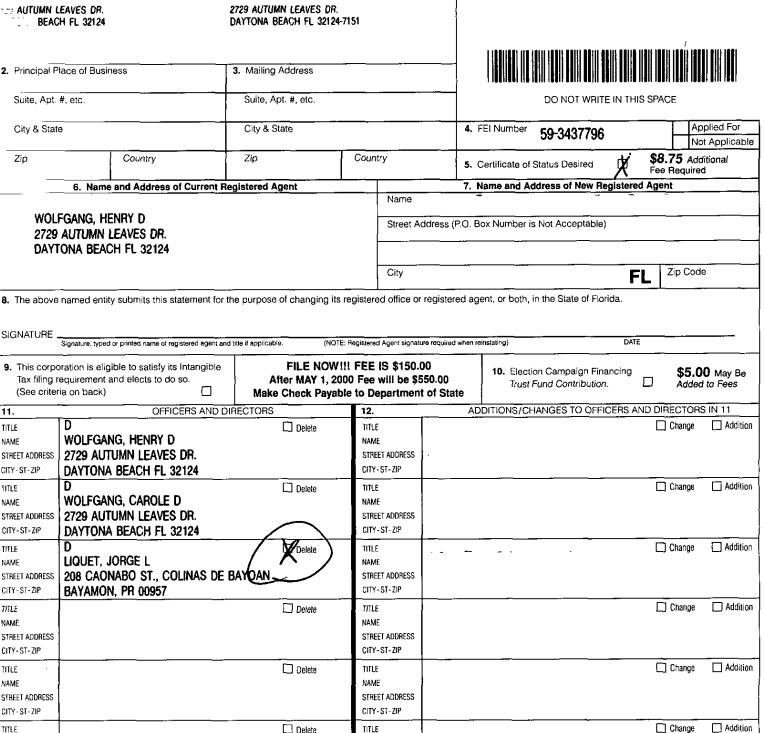
CITY-ST-ZIP

Name

City

FILED May 01, 2000 8:00 am Secretary of State

05-01-2000 90476 021 ***158.75



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.

CITY-ST-ZIP

Daytime Phone (