

# 2000 UNIFORM BUSINESS REPORT (UBR)

0053281

DOCUMENT # P97000030755

1. Entity Name

INTERNATIONAL PERFORMANCE PRODUCTS, INC.

FILED

00 APR 27 PM 1:20

Principal Place of Business

Mailing Address

4357 MAYLOR ROAD  
TALLAHASSEE FL 32308

4357 MAYLOR ROAD  
TALLAHASSEE FL 32308-5702

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3445445

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCMURRY, CHARLES A  
115 N. FRANKLIN BOULEVARD  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Lewis + White, L.C.

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

222 W. Georgia St.

City

Tallahassee

FL

Zip Code

32301

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

Richard Heuser

LEWIS + WHITE, L.C.

Bryon Marlow White

DATE

4/27/00

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

(NOTE: Registered Agent signature required when reinstating)

member/mgr

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, 2000 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

TITLE PD  
NAME HEUSER, RICHARD A  
STREET ADDRESS 4357 MAYLOR ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 27, 2000

CR2E034 (9/99)