

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006586

1. Entity Name

USA PERFORMANCE PRODUCTS, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91703 001 ***476.25

Principal Place of Business

8125 MONETARY DR
STE H4
RIVIERA BCH FL 33404

Mailing Address

8125 MONETARY DR
STE H4
RIVIERA BCH FL 33404

13023

2. Principal Place of Business

2700 PGA BLVD

Suite, Apt. #, etc.

103

3. Mailing Address

2700 PGA BLVD

Suite, Apt. #, etc.

103

City & State

PALM BEACH GARDENS PALM BEACH GARDENS

Zip

33410

Country

Zip

33410

Country

4. FEI Number

65-0812050

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

PANAIA, DAVID J

8125 MONETARY DR

STE H4

RIVIERA BCH FL 33404

Name

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

10 WYNDHAM LANE

City

PALM BEACH GARDENS FL

Zip Code

33418

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

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
PANAIA, DAVID J
10 WYNDHAM LANE
PALM BCH GARDENS FL 33418 ☐ Delete

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

TITLE
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STREET ADDRESS
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TITLE
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 TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-01 (561) 622-4395

Date

Daytime Phone #

CR2E034 (10/00)