

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90094 032 \*\*\*558.75

**DOCUMENT # P98000044609**

**1. Entity Name**  
**ATP PERFORMANCE PRODUCTS, INC.**

**Principal Place of Business**  
**4210 COCONUT BLVD**  
**ROYAL PALM BEACH FL 33411**

**Mailing Address**  
**P.O. BOX 211205**  
**ROYAL PALM BEACH FL 33421**

B0138967



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**2600 GREENWOOD TERR.**

**3. Mailing Address**  
**2600 GREENWOOD TERR.**

**Suite, Apt. #, etc.**  
**G 112**

**Suite, Apt. #, etc.**  
**G 112**

**City & State**  
**BOCA RATON FL**

**City & State**  
**BOCA RATON FL**

**4. FEI Number** **65-0845676**

**Applied For**  
☐ **Not Applicable**

**Zip**  
**33431**

**Country**  
**U.S.A.**

**Zip**  
**33431**

**Country**  
**U.S.A.**

**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**

**WALBER, JEFFREY R**  
**4210 COCONUT BOULEVARD**  
**ROYAL PALM BEACH FL 33411**

**Name** **JEFFREY R. WALBER**

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

**2600 GREENWOOD TERR. APT. G112**

**City** **BOCA RATON**

**FL**

**Zip Code** **33431**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **JEFFREY R. WALBER**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE** **9/12/02**

**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, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☒ **Delete**  
**NAME** **DAVIS, LAURA M**  
**STREET ADDRESS** **4210 COCONUT BLVD**  
**CITY-ST-ZIP** **ROYAL PALM BEACH FL 33411**

**TITLE** **P** ☐ **Change** ☐ **Addition**  
**NAME** **DAVIS, LAURA M**  
**STREET ADDRESS** **2600 GREENWOOD TERRACE, APT. G112**  
**CITY-ST-ZIP** **BOCA RATON, FL 33431**

**TITLE** **S** ☒ **Delete**  
**NAME** **LYNDA, JAMES**  
**STREET ADDRESS** **2600 GREENWOOD TERRACE, APT G112**  
**CITY-ST-ZIP** **BOCA RATON FL**

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

**TITLE** ☐ **Delete**  
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**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**9/12/02 (56) 447-4064**

Date

Daytime Phone #

CR2E034 (4/02)