

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90022 010 ***150.00

825739

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000044971
 1. Entity Name
Performance at Work, Inc.

Principal Place of Business Mailing Address
7598 Pinewalk Dr. S. same
Margate, Fl 33063

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0844957 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Pam Brewster
7598 Pinewalk Dr S
Margate, Fl 33063

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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] (Pam Brewster) DATE 3/16/00
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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 <u>President</u>	<input type="checkbox"/> Delete
NAME <u>Pam Brewster</u>	
STREET ADDRESS <u>7598 Pinewalk Dr S.</u>	
CITY-ST-ZIP <u>Margate, Fl 33063</u>	
TITLE <u>Vice President</u>	<input type="checkbox"/> Delete
NAME <u>Pelan Gilliam</u>	
STREET ADDRESS <u>3737 Sanctuary Dr.</u>	
CITY-ST-ZIP <u>Coral Springs, Fl 33065</u>	
TITLE <u>Secretary</u>	<input type="checkbox"/> Delete
NAME <u>Pam Brewster</u>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <u>Treasurer</u>	<input type="checkbox"/> Delete
NAME <u>Pam Brewster</u>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <u>Director</u>	<input type="checkbox"/> Delete
NAME <u>Pam Brewster</u>	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE: 3/16/00 DAYTIME PHONE #: 954-341-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)