

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91097 001 ***150.00

DOCUMENT # P98000044971

1. Entity Name

PERFORMANCE AT WORK, INC.

Principal Place of Business

**7598 PINEWALK DR S
MARGATE FL 33063**

Mailing Address

**7598 PINEWALK DR S
STE 362
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 **65-0844957**

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

**BREWSTER, PAMELA MARY
7598 PINEWALK DR S
MARGATE FL 33063**

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, 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	P	<input type="checkbox"/> Delete
NAME	BREWSTER, PAMELA	
STREET ADDRESS	7598 PINEWALK DR. S.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GILLIAM, DELAN	
STREET ADDRESS	7572 NW 50TH CT.	
CITY-ST-ZIP	CORAL SPGS FL 33067	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GILLIAM, DELAN	
STREET ADDRESS	7572 NW 50TH CT.	
CITY-ST-ZIP	CORAL SPGS FL 33067	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREWSTER, PAMELA	
STREET ADDRESS	7598 PINEWALK DR. S	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pam Brewster	
STREET ADDRESS	7598 Pinewalk Dr S.	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pam Brewster	
STREET ADDRESS	7598 Pinewalk Dr S	
CITY-ST-ZIP	Margate, FL 33063	
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:

Pamela Brewster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 **954-341-4355**
Date Daytime Phone #

CR2E034 (10/00)