5/24

**FILED**
**Jun 18, 2002 8:00 am**
**Secretary of State**
05-24-2002 91328 034 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064311

1. Entity Name

FAST PERFORMANCE, INC

93641

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address | DO NOT WRITE IN THIS SPACE |
|---|---|---|
| 499 NE SPANISH RIVER BLVD | 1900 GLADES RD 450 | |
| City & State: BOCA RAT | City & State: BOCA RATON FL | 4. FEI Number: 06-1522340 ☐ Applied For ☐ Not Applicable |
| Zip: 33431 Country: US | Zip: 33431 Country: US | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SO PINE ISLAND RD

City: PLANTATION FL Zip Code: 33324

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] 6/11/02
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) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 | D | TITLE | |
| NAME | CARTER, CRIS | NAME | |
| STREET ADDRESS | 1900 GLADES RD #450 | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | CITY-ST-ZIP | |
| TITLE | D | TITLE | |
| NAME | CARTER, MELANIE | NAME | |
| STREET ADDRESS | 1900 GLADES RD #450 | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MELANIE CARTER 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)