2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # **P98000094154**

1. Entity Name
JD'S PERFORMANCE, INC.

Principal Place of Business	Mailing Address
2229 POLO CLUB DRIVE UNIT 301 KISSIMMEE FL 34741	2229 POLO CLUB DRIVE UNIT 301 KISSIMMEE FL 34741

2. Principal Place of Business		3. Mailing Address	
1930 CHATHAMOOR DR.		1930 CHATHAMOOR DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO FL		City & State: ORLANDO FL	
Zip: 32835	Country	Zip: 32835	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3541936** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE

CORAL GABLES FL
33134 US

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 ______________________________ **05/01/2000**
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ☐ Delete LOHREY DAVID M 2229 POLO CLUB DR #301 KISSIMMEE FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ☒ Change ☐ Addition LOHREY DAVID M 1930 CHATHAMOOR DR ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: DAVID M. LOHREY PSTD 05/01/2000