

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096366

1. Entity Name

BUSINESS PERFORMANCE CONSULTING, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90344 001 ***150.00

Principal Place of Business

Mailing Address

9828 GINGERWOOD DRIVE
TAMPA FL 33626

9828 GINGERWOOD DRIVE
TAMPA FL 33626-1843



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3870 MULLENHURST DR.

3870 MULLENHURST DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

4. FEI Number

65-0880107

Applied For

Not Applicable

Zip

34685

Country

USA

Zip

34685

Country

USA

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

FRAZIER, S K
101 E KENNEDY BLVD STE 3700
TAMPA FL 33602

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, 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
PTS
LYNCH, CHERYL D
9828 GINGERWOOD DR
TAMPA FL 33626 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/TREASURER/SECRETARY
CHERYL D LYNCH
3870 MULLENHURST DR.
PALM HARBOR, FL 34685 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (727) 938-0231
Date Daytime Phone #

CR2E034 (9/99)