2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 13, 2000 8:00 am Secretary of State DOCUMENT # **P99000000965** 1. Entity Name GENERAL PERFORMANCE, INC. 09-13-2000 90016 010 ***550.00 Principal Place of Business Mailing Address 4279 NW 4TH COURT 4279 NW 4TH COURT **DEERFIELD BEACH FL 33442** ロレエアのかます DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt.#, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 1.5-0890798 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARNEY, LAURIE A Street Address (P.O. Box Number is Not Acceptable) 4279 NW 4TH COURT **DEERFIELD BEACH FL 33442** Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME CARNEY, MICHAEL S NAME STREET ADDRESS STREET ADDRESS 4279 NW 4TH COURT CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Change ☐ Addition ☐ Delete TITLE TITLE CARNEY, LAURIE A NAME NAME STREET ADDRESS STREET ADDRESS 4279 NW 4TH COURT CITY-ST-7IP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition