9/18/00-90007-049-\$150.00-\$150.00 PAPE / H2 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000009536 1. Entity Name FILED PERFOMANCE REALTY SERVICES, INC. 00 NOV 15 PM 3: 10 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 33A U.S. HWY 17-72 SOUTH 33A U.S. HWY 17-72 SOUTH DE BARY FL 32713 DE BARY FL 32713 2. Principal Place of Business 215 VAT 2 3. Mailing Address 215 VAT RD $\mathcal{R}\mathcal{D}$ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 159-3555638 , City & State OSTEEK Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent TWOHIG, KEVIN J CPA 717 E DAK STREET KIBSIMMEE FL 34744 registered agent, or both, in the State of Florida, 8. The above named antity submits this statement for the purpose of changing its registered off SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. - Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE MARTYN, KARL NAME NAME 215 VAT ROAD STREET ADDRESS 21500 STREET ADDRESS OSTEEN FL 32764 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TILE Delete TITLE MAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ CITY-ST-ZIP ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delate пπε NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME 78 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.01(3XI). 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 attaching it with an address, with all other like empowered. SIGNATURE:

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Attachment-Flye 2012 9/10/2000 To whom This May doncorn, This was the first feport I have Received I changed my address and legistard agent because sive moved. I have not gotten alot of my mail. There you fee your help. hal Mary