

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

0356126 AV

DOCUMENT # P99000013219

1. Entity Name

HUMAN PERFORMANCE SPECIALISTS, INC.



04-17-2003 90151 028 ***150.00

Principal Place of Business

**619 N.W. 90TH TERRACE
PLANTATION FL 33324**

Mailing Address

**619 N.W. 90TH TERRACE
PLANTATION FL 33324**

2. Principal Place of Business

4800 S. Alma School Road

3. Mailing Address

4800 S. Alma School Road

Suite, Apt. #, etc.

#1049

Suite, Apt. #, etc.

#1049

City & State

Chandler, AZ

City & State

Chandler, AZ 85248

Zip

85248

Country

USA

Zip

85248

Country

USA

4. FEI Number

65-0894411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GROSS, LORI A
619 N.W. 90TH TERRACE
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **Lisa Grilliot**
Street Address (P.O. Box Number is Not Acceptable)
11790 SW 25th ST.
City **Davie** FL Zip **33325**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Lisa Grilliot**
Signature, typed or printed name of registered agent and title if applicable.

Lisa Grilliot

(NOTE: Registered Agent signature required when reinstating)

4/14/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **GROSS, LORI**
STREET ADDRESS **619 NW 90TH TERR**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **P** ☐ Delete
NAME **INCLEDON, THOMAS**
STREET ADDRESS **619 NW 90TH TERRACE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4800 S. Alma School Rd. #1049**
CITY-ST-ZIP **Chandler, AZ 85248**

TITLE ☒ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LORI GROSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

(954) 560-3748

Daytime Phone #

CR2E034 (10/02)