

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000013219**

1. Entity Name  
**HUMAN PERFORMANCE SPECIALISTS, INC.**



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  
Suite, Apt. #, etc.  
# 1049**

City & State  
**Chandler, AZ  
85248**

Zip  
**85248**

Country  
**USA**

3. Mailing Address  
**4800 S. Alma School Road  
Suite, Apt. #, etc.  
# 1049**

City & State  
**Chandler, AZ 85248**

Zip  
**85248**

Country  
**USA**

6. Name and Address of Current Registered Agent

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

4. FEI Number  
**65-0894411**

Applied For  
**Not Applicable**

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

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  
**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.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/14/03*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GROSS, LORI 619 NW 90TH TERR PLANTATION FL 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4800 S. Alma School Rd. #1049 Chandler, AZ 85248</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>INCLEDON, THOMAS 619 NW 90TH TERRACE PLANTATION FL 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4800 S. Alma School Rd. #1049 Chandler, AZ 85248</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*SIGNATURE REQUIRED LORI GROSS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/03 (954)560-3748*

Date

Daytime Phone #