

-2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 19, 2000 8:00 am**
Secretary of State

05-19-2000 90008 032 ***150.00

DOCUMENT # 9990000 31861**1. Entity Name**

UPGrade Performance of Tallahassee, INC

Principal Place of Business2819-A Industrial Plaza Dr.
Tallahassee FL 32301**Mailing Address**2819-A Industrial Plaza Dr.
Tallahassee FL 32301

80089157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business2819-A Industrial Plaza Dr.
Suite, Apt. #, etc.**3. Mailing Address**2819-A Industrial Plaza Dr.
Suite, Apt. #, etc.**City & State**

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3567726

Applied For

Not Applicable

Zip
32301**Country**

USA

Zip

32308

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****Name**

Elliot Pomeranz

Street Address (P.O. Box Number is Not Acceptable)

1747 Capital Circle NE

#924

City

Tallahassee

FL**Zip Code**

32308

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)

5/03/00

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****TITLE** President ☐ Delete**NAME** Shaun Torrente**STREET ADDRESS** 401 Richview Park Circle**CITY-ST-ZIP** Tallahassee FL 32308**TITLE** Account Executive ☐ Delete**NAME** Elliot Pomeranz**STREET ADDRESS** 1747 Capital Circle NE**CITY-ST-ZIP** Tallahassee FL 32308 #924**TITLE** ☐ Delete**NAME** ☐ Delete**STREET ADDRESS** ☐ Delete**CITY-ST-ZIP** ☐ Delete**TITLE** ☐ Delete**NAME** ☐ Delete**STREET ADDRESS** ☐ Delete**CITY-ST-ZIP** ☐ Delete**TITLE** ☐ Delete**NAME** ☐ Delete**STREET ADDRESS** ☐ Delete**CITY-ST-ZIP** ☐ Delete**TITLE** ☐ Delete**NAME** ☐ Delete**STREET ADDRESS** ☐ Delete**CITY-ST-ZIP** ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition**NAME** ☐ Change ☐ Addition**STREET ADDRESS** ☐ Change ☐ Addition**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE** ☐ Change ☐ Addition**NAME** ☐ Change ☐ Addition**STREET ADDRESS** ☐ Change ☐ Addition**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE** ☐ Change ☐ Addition**NAME** ☐ Change ☐ Addition**STREET ADDRESS** ☐ Change ☐ Addition**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE** ☐ Change ☐ Addition**NAME** ☐ Change ☐ Addition**STREET ADDRESS** ☐ Change ☐ Addition**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE** ☐ Change ☐ Addition**NAME** ☐ Change ☐ Addition**STREET ADDRESS** ☐ Change ☐ Addition**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE** ☐ Change ☐ Addition**NAME** ☐ Change ☐ Addition**STREET ADDRESS** ☐ Change ☐ Addition**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)(f), 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

5/3/00

Date

850-671-1596

850-219-0228

Daytime Phone #

CR2E034 (9/99)