2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900043585 1. Entity Name PERFORMANCE BUSINESS PRODUCTS, INC.						Secretary of State 04-15-2002 90018 003 ***150.00					688 AV
Principal Place of Business 1804 W BAKER ST SUITE D PLANT CITY FL 33566 US 2. Principal Place of Business			Mailing Address 1804 W BAKER ST SUITE D PLANT CITY FL 33566 US 3. Mailing Address								
1804 W BAKER ST SUITE D PLANT CITY FL 33566			Suite, Apt. #, etc.		<u>-</u>	_	DO NOT WRITE IN	THIS SP	'ACE		
City & State			City & State			4. F	4. FEI Number				
Zip Country			Zip Count		try	5. Certificate of Status Desired				1	
	6. Name	and Address of Current R	egistered Agent			<u>ا</u> 7.∴7	ame and Address of New Regist	ered Ag	ent		1
					Name						7
•					Street Address (P.O. Box Number is Not Acceptable)						1
											1
					City			FL	Zip Code	e	1
8. The above	named entity	y submits this statement for t	he purpose of changing its	registere	ed office or regist	ered ag	ent, or both, in the State of Florida.			.~	
SIGNATURE	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTE	: Registeret	d Agent signature requir	ed when re	instating)	DATE	<u> </u>		
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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11,		OFFICERS AND D	IRECTORS	12.	·	AD	DITIONS/CHANGES TO OFFICER	AND E	IRECTORS	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1804 W B/	RICHARD A AKER ST. IY FL 33566	☐ Delete	III .	1			[Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	- !!	f			[Change	Addition	R.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LATHAM, I 1804 W B/	BARBARA J	☐ Delete	"				[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1804 W B/	PP, BRENDA J AKER ST Y FL 33566	☐ Delete	III .	l l				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	18					_ Change	☐ Addition	
TITLE NAME			☐ Delete	TITLE	l l				_ 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)(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

SIGNATURE:

CITY-ST-ZIP