

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90001 027 ***150.00

DOCUMENT # **P99000058273**
 1. Entity Name
FAF Performance, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business **250 Toney Penna** 3. Mailing Address **1916 Len Drive**
 Suite, Apt. #, etc. **#6** Suite, Apt. #, etc.

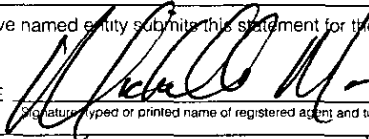
City & State **Jupiter FL** City & State **North Palm Beach, FL**
 Zip **33458** Country **USA** Zip **33408** Country **USA**

4. FEI Number **65-0928358** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **Michelle Manning**
 Street Address (P.O. Box Number is Not Acceptable) **1916 Len Drive**
 City **North Palm Beach FL** Zip Code **33408**

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  **President** 3-1-00
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) 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 NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President/Secretary	Michelle Manning	1916 Len Drive		
Vice President/Treasurer	Marc Manning	1916 Len Drive		

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.

SIGNATURE  **3-1-00** **561 744 0584**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)