

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068956

1. Entity Name

PERFORMANCE ONE MARKETING INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 8:18

Principal Place of Business

14016 BRADHAM ROAD
JACKSONVILLE FL 32226

Mailing Address

14016 BRADHAM ROAD
JACKSONVILLE FL 32226-1404

2. Principal Place of Business

14016 BRADHAM RD.
JACKSONVILLE FL 32226-1404
Suite, Apt. #, etc.

3. Mailing Address

14016 BRADHAM RD
JACKSONVILLE FL 32226-1404
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3614469

Applied For

Not Applicable

Zip

Country

32226-1404

U.S.

Zip

Country

32226-1404

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOHORST, ANGEL K
14016 BRADHAM ROAD
JACKSONVILLE FL 32226

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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 P
NAME HOHORST, ANGEL
STREET ADDRESS 14016 BRADHAM ROAD
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003409046-8
-09/29/00-01016-011
****550.00 ****550.00

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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:

Angel Hohorst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANGEL HOHORST PRESIDENT 9-21-00(904)982-9169

CR2E034 (9/99)