

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90944 005 ***150.00

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

DOCUMENT # 572349

1. Entity Name

FLORIDA PERFORMANCE WHOLESALE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3266 NW 42ND AVE

3. Mailing Address

1350 NW 141ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORKEENHOBEE FL

City & State

ORKEENHOBEE FL

4. FEI Number

65-0284097

Applied For

Not Applicable

Zip

Country

34972

Zip

Country

34972

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name RUBY HARDIN

Street Address (P.O. Box Number is Not Acceptable)
1350 NW 141ST

City ORKEENHOBEE

FL

Zip Code

34972

**DO NOT WRITE
IN THIS SPACE**

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 dds if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax: filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$81.25

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 PD RUBY HARDIN
NAME 2266 NW 42ND AVE
STREET ADDRESS ORKEENHOBEE FL 34972
CITY-ST-ZIP

TITLE PD RUBY HARDIN (CHG)
NAME 1350 NW 141ST
STREET ADDRESS ORKEENHOBEE FL 34972-0970
CITY-ST-ZIP

TITLE VP
NAME TIM MAUPIN
STREET ADDRESS 2266 NW 42ND AVE
CITY-ST-ZIP ORKEENHOBEE FL 34972

TITLE VP (CHG)
NAME TIM MAUPIN
STREET ADDRESS 1350 NW 141ST
CITY-ST-ZIP ORKEENHOBEE FL 34972-0970

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/03

Date

Daytime Phone #

CR2034B (12/01)



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 13, 2003

FLORIDA PERFORMANCE WHOLESALE, INC.
1350 N.W. 141ST STREET
OKEECHOBEE, FL 34972

Subject: **FLORIDA PERFORMANCE WHOLESALE, INC.**

Reference Number: S72349

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs
ANNUAL REPORTS SECTION

2/21/03
CHK # 5860 Dated 2/18/03
was mailed with UBL. A
stop pay has been issued
ON # 5860

RHH