FILED Jun 27, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Secretary of State **DOCUMENT #** V33140 05-29-2002 93648 019 \*\*\*550 00 1. Entity Name PERFORMANCE CONTRACTORS OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 95149 **403 TULANE CIRCLE** 403 TULANE CIRCLE AVON PARK FL 33825 AVON PARK FL 33825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEi Number 59-3120811 Not Applicable Zio Country \$8.75 Additional Zip Country 5, Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent south Forest Alor GRILL JOHN III Street Address (P.O. Box Number is Not Acceptable) 20 - EAST ORANGE STREET AVON PARK FL 88828 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE - Change TITLE Delate GRILL. JOHN III NAME NAME 250 South For outhous DB011000 20 EAST-ORANGE STREET STREET ADDRESS STREET ADDRESS AVON PARK FL ecase shoot no up CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE DAVIDSON, KEN NAME NAME 20 EAST ORANGE STREET POBOL 1000 50 South Forest Ave STREET ADDRESS STREET ADDRESS <u> 3</u>3825 CITY-ST-ZIP AVON PARK FL CITY-ST-ZIP TITLE John Circle John Grill NAME NAME JO3 Tulane Circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 *⋧*₽₽₽ ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TID F TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

59. GA.

5-71-02

changed, or on an atta

SIGNATURE: