

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102433

1. Entity Name
Preiss Performance, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -6 PM 2:09

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2983 Golden Eagle Dr.
Suite, Apt. #, etc.

3. Mailing Address
2983 Golden Eagle Drive.
Suite, Apt. #, etc.

000023936920
10/20/03--01009--020 **158.75
DO NOT WRITE IN THIS SPACE

City & State
Tallahassee Florida

City & State
Tallahassee, Florida

4. FEI Number
59-3439268
Applied For
Not Applicable

Zip
32312

Country
LEON.

Zip
32312

Country
LEON

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

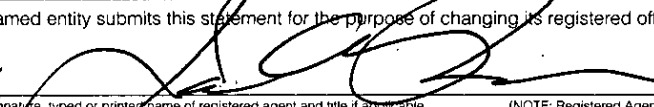
7. Name and Address of Current Registered Agent

Name
James A. Preiss

Street Address (P.O. Box Number is Not Acceptable)
2983 Golden Eagle Drive.

City
Tallahassee FL Zip Code
32312

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 X  DATE 10/16/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

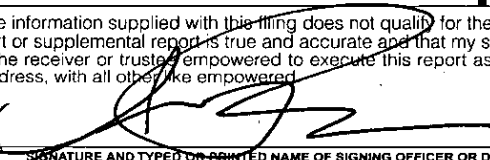
**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE <u>PST</u>	NAME <u>James A. Preiss</u>	STREET ADDRESS <u>2983 Golden Eagle Dr</u>	CITY-ST-ZIP <u>Tallahassee, FL 32312</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: X  DATE 10/16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)



PREISS PERFORMANCE, LTD.

2983 GOLDEN EAGLE DRIVE, TALLAHASSEE, FLORIDA 32312

October 6, 2003

To whom it may concern;

This is to inform you that we at Preiss Performance, Inc. has not received the 1st or 2nd notice about the 2003 dues that are due. Thank you for your help and understanding.

Sincerely,

Carri Humphreys, Office Manager