

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000033

1. Entity Name

SYSTEMS & PROGRAMMING CONSULTANTS, INC. ✓

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90012 030 \*\*\*550.00

Principal Place of Business

212 SOUTH TRYON ST.  
SUITE 700  
CHARLOTTE NC 28281  
US

Mailing Address

212 SOUTH TRYON ST.  
SUITE 700  
CHARLOTTE NC 28281  
US

2. Principal Place of Business

31440 NORTHWESTERN

Suite, Apt. #, etc.

3. Mailing Address

31440 NORTHWESTERN

Suite, Apt. #, etc.

City & State

FARM HILLS, MI

Zip  
48334

Country

U.S.A.

City & State

FARM HILLS, MI

Zip  
48334

Country

U.S.A.

4. FEI Number

57-0695246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOLINO, JAY  
8875 HIDDEN RIVER PARKWAY  
LAKEVIEW BUILDING, SUITE 270  
TAMPA FL 33637

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☒ Delete  
NAME CARLISLE, THOMAS G  
STREET ADDRESS 212 SOUTH TRYON ST.  
CITY-ST-ZIP CHARLOTTE NC 28281

TITLE V ☒ Delete  
NAME CARLISLE, RICHARD K  
STREET ADDRESS 212 SOUTH TRYON ST.  
CITY-ST-ZIP CHARLOTTE NC 28281

TITLE V ☒ Delete  
NAME CARTER, JEFF  
STREET ADDRESS 212 SOUTH TRYON ST.  
CITY-ST-ZIP CHARLOTTE NC 28281

TITLE V ☒ Delete  
NAME GALLAGHER, ROBERT J  
STREET ADDRESS 212 S TRYON ST., SUITE 270  
CITY-ST-ZIP CHARLOTTE NC 28281

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition  
NAME Eliot Stark  
STREET ADDRESS 31440 NORTHWESTERN  
CITY-ST-ZIP Farmington Hills, MI 48334-2504

TITLE YSD ☐ Change ☒ Addition  
NAME Thomas Costello, Jr.  
STREET ADDRESS 31440 NORTHWESTERN HWY  
CITY-ST-ZIP Farmington Hills, MI 48334-2504

TITLE T ☐ Change ☒ Addition  
NAME Laura Fournier  
STREET ADDRESS 31440 NORTHWESTERN  
CITY-ST-ZIP Farmington Hills, MI 48334-2504

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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

*Thomas Costello Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-00  
Date

248.737-7300  
Daytime Phone #

CR2E034 (5/00)