

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H77009

1. Entity Name

SYSTEMS PERFORMANCE ENGINEERING, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90169 036 \*\*\*150.00

Principal Place of Business

Mailing Address

4215 SOUTHPOINT BOULEVARD  
SUITE 100  
JACKSONVILLE FL 32216  
US

4215 SOUTHPOINT BOULEVARD  
SUITE 100  
JACKSONVILLE FL 32216  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 551260  
Suite, Apt. #, etc.

P.O. Box 551260  
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

Country

32255

Zip

Country

32255

4. FEI Number

59-2585460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N  
ANSBACHER & SCHNEIDER, P.A.  
4215 SOUTHPOINT BLVD., SUITE 100  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name: Michael N. Schneider  
Street Address (P.O. Box Number is Not Acceptable):  
5150 Belfort Road  
Building 100  
City: Jacksonville FL Zip Code: 32256

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

*Michael N. Schneider*

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>OTTEN, PETER J<br>11702 TERRA VERDE LN<br>JACKSONVILLE FL  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>OTTEN, SHERRIE<br>11702 TERRA VERDE LN<br>JACKSONVILLE FL | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|   |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| Otten, Peter J.<br>3634 Camellia Bay Drive S.<br>Jacksonville, FL 32223 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| Otten, Sherrie<br>3634 Camellia Bay Drive S.<br>Jacksonville, FL 32223  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |

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:

*Sherrie Otten*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00

Date

904-262-8269

Daytime Phone #

CR2E034 (9/99)