## FILED 2002 UNIFORM BUSIN' 3S REPORT (UBR) May 24, 2002 8:00 am Secretary of State H77009 DOCUMENT # 1. Entity Name SYSTEMS PERFORMANCE ENGINEERING, INC. 05-24-2002 91385 023 \*\*\*150.00 Mailing Address Principal Place of Business PO 80X 551260 PO BOX 551260 JACKSONVILLE FL 32255 JACKSONVILLE FL 32255 US US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied F1 4. FEI Number City & State 59-2585460 City & State Not App 383 Country S8.75 Additional Zip Country Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Na⊤÷ SCHNEIDER, MICHAEL N Street Appress (P.O. Box Number is Not Acceptable) 5150 BELFORT RD **BLDG 100** Zip Code FL JACKSONVILLE FL 32256 8. The above named entity submits this statement for the purpose of changing its registered office on registered agent, or both, in the State of Florida SIGNATURE (FIDTE: Registered Agent's gnature required when reinstating) Signature indep or or oted name or registered agent and title if applicable After May 1, 2002 Fee will be \$550.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Trust Fund Contribution. Added to Fees Tax filling requirement and elects to do so. Make Check Payable to Department of State (See criteria chicack) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN \*\* OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE TITLE NAME OTTEN, PETER J NAME 3634 CAMELLIA BAY DRIVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIF JACKSONVILLE FL 32223 CITY-ST-ZIP Change □ -:::::: TITLE ☐ Delete DST TITLE NAME OTTEN, SHERRIE NAME STREET ADDINESS 3634 CAMELLIA BAY DRIVE S STREET ADDRES JACKSONVILLE FL 32223 CITY-ST-Z CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z-F CITY-ST-ZIP ☐ ÷:::::: Change ☐ Delete TITLE TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-Z/F CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ACCESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further can't that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or or estimated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block is with all other like compositions. 13. Thereby car: indicated cr of the corpo with all other like empowered changed, c: SIGNATURE: