

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000048699**

1. Entity Name

PERFORMANCE SOFTWARE SERVICES INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90006 039 ***150.00

Principal Place of Business

Mailing Address

**100 RIALTO PLACE
SUITE 753
MELBOURNE FL 32901
US****100 RIALTO PLACE
SUITE 753
MELBOURNE FL 32901
US**2. Principal Place of Business **SUITE 760
MELBOURNE, FL 32901**3. Mailing Address **SUITE 760
MELBOURNE, FL 32901**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 760**STE 760**

City & State

City & State

MELBOURNE FL**MELBOURNE FL**

Zip

Country

Zip

Country

32901**32901**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3257569**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'BRIEN, JAMES
1686 WEST HIBISCUS BLVD
MELBOURNE FL 32901**

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PTS			
	PEPIN, CHRISTINE			
	412 RIVERVIEW LANE			
	MELBOURNE BEACH FL 32951			

TITLE	NAME	STREET ADDRESS	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Pepin

4-2-2001

Daytime Phone #

321-725-0260

CR2E034 (10/00)