

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90006 039 \*\*\*150.00

**DOCUMENT # P94000048699**

1. Entity Name

**PERFORMANCE SOFTWARE SERVICES INC.**

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**

6. Name and Address of Current Registered Agent

4. FEI Number **59-3257569**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



**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	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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* **Christine Pepin**

Date

Daytime Phone #

**4-2-2001 321-725-0260**

CR2E034 (10/00)