

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064704

1. Entity Name

PERFORMANCE & REWARD SOLUTIONS, INC.

Principal Place of Business

Mailing Address

8621 155TH PLACE NORTH  
PALM BEACH GARDENS FL 33418

P.O. BOX 31194  
PALM BEACH GARDENS FL 33420-1194

2. Principal Place of Business

1000 DEL LAGO CIR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

PALM BEACH GARDENS, FL.

City & State

Zip

Country

Zip

Country

33410

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPENCE, BERNET B  
1000 DEL LAGO CIR, #201  
PALM BEACH GARDENS FL 33410

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS SPENCE, BERNET  
CITY-ST-ZIP 1000 DEL LAGO CIR, STE #201  
PALM BEACH GARDENS FL 33410

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

TITLE ☒ Delete  
NAME VP  
STREET ADDRESS ANDERSON, DALE  
CITY-ST-ZIP 3734 GLACIER PKWY  
ELK GROVE CA 95758

TITLE ☒ Change ☐ Addition  
NAME VICE PRESIDENT  
STREET ADDRESS ADRIENNE A DAVIS  
CITY-ST-ZIP 8621 155TH PL. N.  
PALM BEACH GARDENS, FL 33410

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90396 001 \*\*\*150.00

04-26-2000 90396 002 \*\*\*\*\*8.50



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874107  
Applied For  
Not Applicable

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

CD000004 (0/000)