

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90133 039 ***150.00

DOCUMENT # P97000064704

1. Entity Name
PERFORMANCE & REWARD SOLUTIONS, INC.

Principal Place of Business Mailing Address
~~1000 DEL LAGO CIRCLE~~ P.O. BOX 31194
~~SUITE 201~~ PALM BEACH GARDENS FL 33420
~~WEST PALM BEACH FL 33410~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7722 77th WAY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WEST PALM BEACH, FL

4. FEI Number **65-0874107** Applied For
 Not Applicable

Zip Country Zip Country
33407 USA

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

6. Name and Address of Current Registered Agent
SPENCE, BERNET B
~~1000 DEL LAGO CIR, #201~~
~~PALM BEACH GARDENS FL 33410~~

7. Name and Address of New Registered Agent
 Name **SPENCE, BERNET B.**
 Street Address (P.O. Box Number is Not Acceptable)
7722 77th WAY
 City **WEST PALM BEACH FL** Zip Code **33407**

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 Bernet B. Spence, BERNET B. SPENCE 2/21/2001
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	P	<input type="checkbox"/> Delete
NAME	SPENCE, BERNET	
STREET ADDRESS	1000 DEL LAGO CIR, STE #201	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, ADRIENNE	
STREET ADDRESS	8621 155 PLACE NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMILLE E. EDWARDS	
STREET ADDRESS	7722 77th WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Bernet B. Spence, BERNET B. SPENCE 2/21/2001 (561) 478-7120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/00)