

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101165

1. Entity Name

PERFORMANCE CONSULTING, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90202 025 \*\*\*150.00

Principal Place of Business

Mailing Address

4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216

4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216-6191

2. Principal Place of Business  
P.O. Box 551260

3. Mailing Address  
P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number 59-3480315

Applied For  
Not Applicable

Zip Country  
32255

Zip Country  
32255

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

SCHNEIDER, MICHAEL N  
100 NATIONAL FINANCIAL BUILDING  
4215 SOUTHPOINT BLVD.  
JACKSONVILLE FL 32216

Name  
Michael N. Schneider

Street Address (P.O. Box Number is Not Acceptable)  
5150 Belfort Road

Building 100

City Jacksonville FL Zip Code 32256

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 DV  
NAME DIXON, JAMES P  
STREET ADDRESS 830-13 A1A N. STE 361  
CITY-ST-ZIP PONTE VEDRA BCH FL 32082 ☐ Delete

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

TITLE DP  
NAME O'BRIEN, PATRICK J  
STREET ADDRESS 830-13 A1A N. STE 361  
CITY-ST-ZIP PONTE VEDRA BCH FL 32082 ☐ Delete

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

TITLE ST  
NAME O'BRIEN, LIZ  
STREET ADDRESS 830-13 A1A N. STE 361  
CITY-ST-ZIP PONTE VEDRA BCH FL 32082 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ 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: PATRICK J O'BRIEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2000

Date

904.280.4223

Daytime Phone #

CR2E034 (9/99)