

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90008 003 \*\*\*150.00

DOCUMENT # P94000051584

1. Entity Name

SERVICES FOR MANAGEMENT, INC.

Principal Place of Business

Mailing Address

7770 TROPICANA STREET  
MIRAMAR FL 33023  
218 SE SECOND ST  
CAPE CORAL, FL 33990

7770 TROPICANA STREET  
MIRAMAR FL 33023  
218 SE SECOND ST  
CAPE CORAL, FL 33990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0507747

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

BARRETT, RENEE E  
7770 TROPICANA STREET  
MIRAMAR FL 33023

Name

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

218 SE SECOND STREET  
CAPE CORAL FL 33990

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          | D                     | <input type="checkbox"/> Delete |
| NAME           | BARRETT, JOHN W       |                                 |
| STREET ADDRESS | 7770 TROPICANA STREET |                                 |
| CITY-ST-ZIP    | MIRAMAR FL 33023      |                                 |
| TITLE          | P                     | <input type="checkbox"/> Delete |
| NAME           | BARRETT, RENEE        |                                 |
| STREET ADDRESS | 7770 TROPICANA ST     |                                 |
| CITY-ST-ZIP    | MIRAMAR FL            |                                 |
| 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"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

|                |                      |   |
|----------------|----------------------|---|
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |   |
| STREET ADDRESS | 218 SE SECOND STREET |   |
| CITY-ST-ZIP    | CAPE CORAL, FL 33990 |   |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |   |
| STREET ADDRESS | 218 SE SECOND STREET |   |
| CITY-ST-ZIP    | CAPE CORAL, FL 33990 |   |
| 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          |                      | <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: Renee E. Barrett 4/8/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)