

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 683852

1. Entity Name

CORPORATE MEDICAL SERVICES, INC.

P

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90026 008 ***150.00

Principal Place of Business

1543 PALMETTO LANE
SARASOTA FL 34236-2417

Mailing Address

1543 PALMETTO LANE
SARASOTA FL 34236-2417

2. Principal Place of Business

3. Mailing Address

P.O. Box 10810

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bloomington, IN

4. FEI Number

59-2046358

Applied For

Not Applicable

Zip

Country

Zip

Country

47402

MONROE

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

CONN, EVA LORENE
1543 PALMETTO LN
SARASOTA, FL
33577

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME BROWN, BILL C
STREET ADDRESS 1543 PALMETTO LN
CITY-ST-ZIP SARASOTA, FL 00000 ☐ Delete

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

TITLE STD
NAME BRONW, PATRICIA
STREET ADDRESS 1543 PALMETTO LN
CITY-ST-ZIP SARASOTA, FL 00000 ☐ 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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/00

812-333-7986

Date

Daytime Phone #

CR2E034 (5/00)

Attachment doc #
683852
DOW 83394

BILL C. BROWN

Century Village

P.O. Box 1086

Bloomington, IN 47402

(812) 333-7986 office

(812) 336-0115 fax

August 23, 2000

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Division of Corporations,

I am writing in regard to the 2000 Uniform Business Report for Corporate Medical Services, Inc., FEI 59-2046358. We did not receive the original document mailed by your office which was due in May. The first form that we received this year was the one indicating that our report was delinquent and the filing fee would now include a \$ 400.00 late payment penalty. I would like to respectfully request that the late payment penalty be waived. In previous years we have always filed our reports on a timely basis. I do not know why the original form for 2000 did not reach us but it did not. However, I have changed the mailing address for our corporation to hopefully prevent this from happening again. I have enclosed a payment in the amount of \$ 150.00 pending your decision.

Thank you for your consideration of this request.

Sincerely,

Bill C Brown
CB

Bill C. Brown, President
Corporate Medical Services, Inc.

BCB: cr

Encls.