

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 694262

1. Entity Name  
CSS MANAGEMENT COMPANY, INC.



**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90042 037 \*\*\*150.00

Principal Place of Business  
17510 LIVINGSTON AVE  
PO BOX 1415  
LUTZ FL 33549-5850  
US

Mailing Address  
17510 LIVINGSTON AVE  
PO BOX 1415  
LUTZ FL 33845-1415  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33559

33548



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2107493

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

SIMMONS, CHARLIE L  
17510 LIVINGSTON AVE PO BOX 1415  
LUTZ FL 33549-59

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD - PRES. ☐ Delete  
NAME SIMMONS, CHARLIE L  
STREET ADDRESS 17510 LIVINGSTON AVENUE  
CITY-ST-ZIP LUTZ, FL 00000 33559

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33559

TITLE VS - VP ☐ Delete  
NAME SIMMONS, SHIRLEY T  
STREET ADDRESS 17510 LIVINGSTON AVE  
CITY-ST-ZIP LUTZ, FL 00000 33559

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33559

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED  
CHARLIE L. SIMMONS

1-8-03

813 949 7060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)