

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G64345**

1. Entity Name

**COMMUNITY MANAGEMENT SERVICES INC**

**FILED**

**01 FEB -7 AM 9:57**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**11285 ELKINS RD**

3. Mailing Address

**11285 ELKINS RD**

Suite, Apt. #, etc.

**SUITE C-2**

Suite, Apt. #, etc.

**SUITE C-2**

City & State

**ROSWELL GA**

City & State

**ROSWELL GA**

4. FEI Number

**58-2104862**

Applied For

Not Applicable

Zip

**30076**

Country

**USA**

Zip

**30076**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**MONA ASPURU**

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

**709 SANDPIPER LAKE**

City

**CASSELBERRY**

**FL**

Zip Code

**32707**

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

(NOTE: Registered Agent signature required when reinstating)

**1-25-01**

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 **PRESIDENT** ☐ Delete  
NAME **VINCENT MURPHY**  
STREET ADDRESS **11285 ELKINS RD, SUITE C-2**  
CITY-ST-ZIP **ROSWELL GA 30076**

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

TITLE **SECRETARY** ☐ Delete  
NAME **MARILYN MURPHY**  
STREET ADDRESS **11285 ELKINS RD, SUITE C-2**  
CITY-ST-ZIP **ROSWELL GA 30076**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300003675448-018**  
**-02/13/01--01004--018**  
**\*\*\*\*158.75 \*\*\*\*158.75**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP  
**KE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-01**

Date

**770-410-0420**

Daytime Phone #

CR2E034 (11/00)