	UNIFORM BUSI	NESS REPO	RŢ, (UBR)					
Üز	ме <u>м</u> т# F970000	00907					led	****	
MANAGEMENT STRATEGIES, INC.					mangled FILED ON HAY 16 AM 11: 22				
_ WINWAGENIENT STRATEGIES, INC.				in the	q,	mac	00 MAY 16	AM 11: 2	22
ipal Plac	e of Business 42.7	Mailing Address		ue as l		istaly	SECRETAR		
HIDGE FOREST CT 432 RIDGE FOREST CT SANFORD FL 32771-7159				a de l	reg	· ·	SECHETAR TALLAHASS	EE. FLOR	ΙĐΑ
	T.	US	5W	ine .			1880 8810 8800 8800 8 809 1		H
Principal P	lace of Business	3. Walling Address	•		1				
92 K:49e + 07es + (**) Suite, Apt. #, etc. Suite, Apt. #, etc.						С	O NOT WRITE IN THIS	SPACE	
City & State City & State					4. FEI Number 38-2864617 Applied For				
Zip	Santord Country	Zíp	Countr	y	5. 0	Certificate of Stat		\$8.75 Add	
37	6. Name and Address of Current R	gistered Agent					ss of New Registered	Fee Required Agent	3
				Name					
SMITH, RANDALL O 432 RIDGE FOREST CT SANFORD FL 32771				Street Address	(P.O. Bo	ox Number is No	t Acceptable)		
				City			F	Zip Code	÷
The above	named entity submits this statement for t	he purpose of the pring its re	egistered	d office or registe	ered age	ent, or both, in th	e State of Florida.)	
SIGNATURE .	Misan	A Drutt				*	4(2	2/00	
	Signature, typed or printed name of registered agent an	T	-	Agent signature require	ed when re	<u> </u>	DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			I IDSECULO COMBOUNDS 🗀 AGGEG ID FEES I				
1.	OFFICERS AND D	RECTORS	12.		AD	DITIONS/CHAN	GES TO OFFICERS AN		
TITLE NAME	P Smith, randall o	☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	432 RIDGE FOREST CT		STREET	T ADDRESS					
CITY-ST-ZIP	SANFORD FL 32771 VP		CITY-S	ST-ZIP		300	oossa	UES-	Addition
TITLE NAME	SMITH, SUSAN A	☐ Delete	TITLE NAME				06/09/00 ****150.00	U1 UUU U 3.****15	D2 ^~~ Ω_ ΩΩ
STREET ADDRESS CITY-ST-ZIP	432 RIDGE FOREST CT		STREET CITY-S	T ADDRESS					
TITLE	SANFORD FL 32771	□ Delete	TITLE					☐ Change	Addition
IAME .		_ 5000	NAME						
STREET ADDRESS	·		STREET CITY-S	r address St-zip					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME	T ADDRESS					
STREET ADDRESS SITY-ST-ZIP			CITY-S	1					
TITLE		Delete	TITLE				,	☐ Change	Addition
NAME			NAME	- ADDDECC		•	LS		
STREET ADDRESS CITY-ST-ZIP	;		STREET	T ADDRESS . ST-ZIP			, ,		•
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME			•			
STREET ADDRESS			STREET CITY-S	T ADORESS ST-ZIP					
🕶 💴	Leartify that the information supplied with t					110.07(2)(I). Flor	ida Ctatutas I furthar a	autifu that tha is	-fation

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

1/27/00 40133023

Daytime Phone #