

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90016 036 ***150.00

DOCUMENT # F99000005675

1. Entity Name

EXECUTIVE MEDICAL MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

C/O SHERMAN ROMNEY, ESQ.
 P.O. BOX 22
 HAMILTON CO 81638

C/O SHERMAN ROMNEY, ESQ.
 P.O. BOX 22
 HAMILTON CO 81638-0022

00031115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

84-1102218

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOFLIN, CAMERON
4150 CURTIS BLVD.
COCOA FL 32927

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 \$150.00
After MAY 1, 2000 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	CP	<input type="checkbox"/> Delete
NAME	ROYAL, CELESTE	
STREET ADDRESS	1080 QUARTZ ST.	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	VCV	<input type="checkbox"/> Delete
NAME	LOFLIN, MICHAEL	
STREET ADDRESS	1080 QUARTZ ST.	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LOFLIN, JOJEAN	
STREET ADDRESS	1080 QUARTZ ST.	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOFLIN, MARVIN	
STREET ADDRESS	1080 QUARTZ ST.	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROMNEY, SHERMAN ESQ.	
STREET ADDRESS	474 HIGHWAY 317, P.O. BOX 22	
CITY-ST-ZIP	HAMILTON CO 81638	
TITLE		<input type="checkbox"/> Delete
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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: *Celeste Royal*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)