

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90047 039 ***550.00

DOCUMENT # F99000006724

1. Entity Name
SAN FRANCISCO MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address

1213 GEORGIA ST 1213 GEORGIA ST
 KEY WEST FL 33040 KEY WEST FL 33040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

33045 USA

4. FEI Number 91-1811939 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, S
 1213 GEORGIA ST
 KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name **S Murphy**
 Street Address (P.O. Box Number is Not Acceptable)
315 Elizabeth St #2
 City **Key West** FL Zip Code **33040**

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]* DATE

Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CDPT	<input type="checkbox"/> Delete
NAME	SANCHEZ, M	
STREET ADDRESS	1213 GEORGIA ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VDVS	<input type="checkbox"/> Delete
NAME	MURPHY, S	
STREET ADDRESS	1213 GEORGIA ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Sanchez, M	
STREET ADDRESS	1213 Georgia St	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murphy, S	
STREET ADDRESS	1213 Georgia St	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Fontaine	
STREET ADDRESS	1213 Georgia St	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	S/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Al Rummel	
STREET ADDRESS	1213 Georgia St	
CITY-ST-ZIP	33040	
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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **S Murphy** 5/24/00 305-292-5614

(Data) Daytime Phone #

CR2E034 (5/00)