2001 UNIFORM BUSINESS REPORT (UBR)

07-10-2001 90566 027 ***150.00
FILED G32654

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G32654

1. Entity Name

FMS/FLORIDA MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
15500 N EVERGREEN RD 5A BOX 1754 CLEARWATER FL 33762 US	P.O. BOX 17254 CLEARWATER FL 33762-0254 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ABOVE !!!	ABOVE !!!
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2292443 ☐ 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
CONTAKOS, NICHOLAS J. 15500 N. EVERGREEN RD. 5A/ BOX 17254 CLEARWATER FL 33762	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 _____ DATE
(Signature, typed or printed name of registered agent and title if 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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT CONTAKOS, NICHOLAS J 15500 N EVERGREEN RD 5A BOX 17254 CLEARWATER FL , 33762-0254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, FREDERICK J. 15500 N EVERGREEN RD 5A, Box 17254 CLEARWATER FL 33762-0254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP LS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES N. CONTAKOS 15500 N. EVERGREEN RD. 5A BOX 17254 CLEARWATER FL , 33762-0254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D JOAN A. CONTAKOS 15500 N. EVERGREEN RD BOX 17254 CLEARWATER, FL 33762-0254	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 4/25/01 727-523-2605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #