

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

2. Principal Place of Business

3. Mailing Address

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

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

City & State

City & State

4. FEI Number 59-2292443

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

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

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, 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 DPT
NAME CONTAKOS, NICHOLAS J. ☐ Delete
STREET ADDRESS 15500 N EVERGREEN RD 5A BOX 17254
CITY-ST-ZIP CLEARWATER FL, 33762-0254

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

TITLE D
NAME LEWIS, FREDERICK J. ☐ Delete
STREET ADDRESS 15500 N EVERGREEN RD 5A, Box 17254
CITY-ST-ZIP CLEARWATER FL 33762-0254

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

TITLE D
NAME JAMES N. CONTAKOS ☐ Delete
STREET ADDRESS 15500 N. EVERGREEN RD. 5A BOX 17254
CITY-ST-ZIP CLEARWATER FL, 33762-0254

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **JOAN A. CONTAKOS**
STREET ADDRESS **15500 N. EVERGREEN RD / BOX 17254**
CITY-ST-ZIP **CLEARWATER, FL 33762-0254**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 727-513-2605

CR2E034 (10/00)