

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G68219

1. Entity Name

TIME MANAGEMENT SYSTEMS, INC.

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

07-13-2000 90020 027 ***150.00

Principal Place of Business

% PETER J. KEARNS
1019 ARLINGTON AVE.,N.
ST.PETERSBURG FL 33705

Mailing Address

% PETER J. KEARNS
1019 ARLINGTON AVE.,N.
ST.PETERSBURG FL 33705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2324815

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEARNS, PETER J.
1019 ARLINGTON AVE.,N.
ST.PETERSBURG FL 33705

7. Name and Address of New Registered Agent

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 \$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 DP
NAME KEARNS, PETER J
STREET ADDRESS 1019 ARLINGTON AVE.,N.
CITY-ST-ZIP ST.PETERSBURG FL ☐ Delete

TITLE DST
NAME KEARNS, BETTY LOUISE
STREET ADDRESS 1019 ARLINGTON AVE.,N.
CITY-ST-ZIP ST.PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
Off 868219
00069775

Time Management Systems, Inc.

1019 Arlington Ave. North
Saint Petersburg, Florida 33705
Phone: (727) 822-3342
Fax: (727) 821-7016

July 6, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I received the "2nd notice" for our Uniform Business Report on July 5, 2000. We did not receive the 1st notice and called your office to report that fact. I don't know if they were even sent out or if it was lost in the mail. At any rate we did not receive it.

The gentleman, who answered the telephone told me that if we did not in fact receive it, to send this report in with a check for \$150. and a letter so stating.

Please accept this letter as notification on our not receiving the first notice and accept our payment enclosed.

Thank you,



Betty Kearns
Sec/Treasurer