## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## G96190 DOCUMENT #

1. Entity Name

MANAGEMENT SERVICES OF THE PALM BEACHES, INC.



**FILED** Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90119 043 \*\*\*150.00

				11057					
Principal Place of Business 5011 N.OCEAN BLVDSTE.1 5 OCEAN RIDGE FL 33435 US		Mailing Address 5011 N.OCEAN BLVDSTE.1 5 OCEAN RIDGE FL 33435 US		# 140 MAN 0010 12/14 01/01 MAN 201	1611 11611 61611				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		•	☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-2414453		Applied For Not Applicable		
Zip Country		Zip Country			5. Certificate of Status Desired Series Seri				
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Re	egistered Ago	ent		
The second of th			Name.		_ *= **				
AASKOV, GAIL ADAMS C/O MANAGEMENT SERVICE			Street A	Street Address (P.O. Box Number is Not Acceptable)					
5011 N. OCEAN BLVD.					" ' ' '				
	IDGE FL 33435		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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Afte Make Check			Election Campaign Fina     Trust Fund Contribution			May Be to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AASKOV, GAIL: A. 5011 N. OCEAN BLVD. OCEAN RIDGE FL	☐ Delete	NAME STREET ADDRESS			, [	] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCEAN RIDGE FE	☐ Delete	CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change	Addition	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

<u>561-2</u>%-3220