

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

01-31-2001 90296 044 ***150.00

DOCUMENT # H01080

1. Entity Name

SERVICE MANAGEMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

**235 HAMMOCK SHORE DR
 MELBOURNE BEACH FL 32951**

**235 HAMMOCK SHORE DR
 MELBOURNE BEACH FL 32951**

31700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2408891**

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

**MCDANIEL, MONRIE
 235 HAMMOCK SHORE DR
 MELBOURNE BCH FL 32934**

Name **---Dawn McMultry**

Street Address (P.O. Box Number is Not Acceptable)
235 Hammock Shore Drive

City **Melbourne Beach**

FL

Zip Code
32951

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]

DAWN McMULTRY

3/9/01

Signature, typed or printed name of registered agent and fee 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 **D** ☐ Delete
 NAME **BATES, JAMES**
 STREET ADDRESS **235 HAMMOCK SHORE DR**
 CITY-ST-ZIP **MELBOURNE BCH FL**

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

TITLE **PST** ☐ Delete
 NAME **BATES, JAMES**
 STREET ADDRESS **235 HAMMOCK SHORE DR**
 CITY-ST-ZIP **MELBOURNE BEACH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Bates

1/22/01

Date

321-723-2522

Daytime Phone #

CR2E034 (10/00)