

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H04554

1. Entity Name

PRACTICAL MANAGEMENT SOLUTIONS, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90046 050 ***150.00

Principal Place of Business

18 QUAIL HEIGHTS BLVD
LAKE CITY FL 32025
US

Mailing Address

455 MAGNOLIA AVE
STE A
MERRITT ISLAND FL 32952-4838
US

2. Principal Place of Business

801 GRANDVIEW DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

4. FEI Number

59-2413582

Applied For

Not Applicable

Zip

Country

32952

US

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

FAUL, JOHN W., D.M.D.
18 QUAIL HEIGHTS BLVD
LAKE CITY FL 32055

Name

FAUL, JOHN W., DMD

Street Address (P.O. Box Number is Not Acceptable)

801 GRANDVIEW DR.

CITY MERRITT ISLAND, FL 32952

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, 2000 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 DP
NAME FAUL, JOHN W., D.M.D.
STREET ADDRESS 18 QUAIL HEIGHTS BLVD
CITY-ST-ZIP LAKE CITY FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME ADDRESS
STREET ADDRESS 801 GRANDVIEW DRIVE
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE VPD
NAME KAREN L FAUL
STREET ADDRESS 18 QUAIL HEIGHTS BLVD
CITY-ST-ZIP LAKE CITY FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME ADDRESS
STREET ADDRESS 801 GRANDVIEW DRIVE
CITY-ST-ZIP MERRITT ISLAND, FL 32952

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
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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 an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)