

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90055 032 ***150.00

DOCUMENT # H04554

1. Entity Name
PRACTICAL MANAGEMENT SOLUTIONS, INC.

Principal Place of Business

**801 GRANDVIEW DR
MERRITT ISLAND FL 32952
US**

Mailing Address

**455 MAGNOLIA AVE
STE A
MERRITT ISLAND FL 32952
US**

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

59-2413582

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

7. Name and Address of New Registered Agent

**FAUL, JOHN W., D.M.D.
801 GRANDVIEW DR
MERRITT ISLAND FL 32952**

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, 2002 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** ☐ Delete
NAME **FAUL, JOHN W., D.M.D.**
STREET ADDRESS **801 GRANDVIEW DR**
CITY - ST - ZIP **MERRITT ISLAND FL 32952**

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

TITLE **VPO** ☐ Delete
NAME **KAREN L FAUL**
STREET ADDRESS **801 GRANDVIEW DR**
CITY - ST - ZIP **MERRITT ISLAND FL 32952**

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 of John W. Faul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. FAUL DMD **1/22/02** **321-449-9300**
Date Daytime Phone #

CR2E034 (9/01)