

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90290 007 ***150.00

DOCUMENT # H10235

1. Entity Name
CONTEMPORARY MANAGEMENT CONCEPTS, INC.



Principal Place of Business
**5800 N.W. 39TH AVE.
SUITE 104
GAINESVILLE FL 32606
US**

Mailing Address
**5800 N.W. 39TH AVE.
SUITE 104
GAINESVILLE FL 32606
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 **59-2446722**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACLEOD, DEBORAH E.
5800 NW 39TH AVE
SUITE 104
GAINESVILLE FL 32606**

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	MACLEOD, DEBORAH E.	
STREET ADDRESS	5800 N.W. 39TH AVE., SUITE 104	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POWELL, KAREN	
STREET ADDRESS	6504 NEALE RD	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOX, SONIA	
STREET ADDRESS	5800 N.W. 39TH AVE., STE. 104	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTI, JOHN	
STREET ADDRESS	1221 NW 107 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	Patrick O Dailey	
STREET ADDRESS	10646 NW 10th Road	
CITY-ST-ZIP	Gainesville, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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: *Deborah E. MacLeod*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3.18.03* Daytime Phone #

CR2E034 (10/02)