

# 2002 UNIFORM BUSINESS REPORT (UBR)

**REJECTED**

04-17-2002 90138 042 \*\*\*\*50.00

FILED H29132

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AV

02 APR 30 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

80067958



DO NOT WRITE IN THIS SPACE

**DOCUMENT # H29132**

1. Entity Name

**CLOUD MANAGEMENT SERVICES, INC.**

Principal Place of Business

3535 JACINTO CT  
SARASOTA FL 34239  
US

Mailing Address

PO BOX 25427  
SARASOTA FL 34277  
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

59-2460398

Applied For

Not Applicable

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

CLOUD, JOHN V., III  
3920 RED ROCK WAY  
SARASOTA FL 34231

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CLOUD, JOHN V., III  
3920 RED ROCK WAY  
SARASOTA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
CLOUD, DIANA W.  
3920 RED ROCK WAY  
SARASOTA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
600005501096  
-05/09/02--01058--023  
\*\*\*\*100.00 \*\*\*\*100.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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:

*John V. Cloud*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01CR2E034 (9/01)

INSTRUCTIONS FOR FILING

STATE OF FLORIDA

2002 UNIFORM BUSINESS REPORT

FOR

Enclosed is your 2002 Florida Uniform Business Report. Please make any additions and/or corrections, have an officer sign it in box 11 and mail it as soon as practical in the attached envelope. Enclose a check payable to the Department of State for **\$50.00**.

**DUE DATE : .....** 05/01/2002

**MAIL TO: .....** Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Incorrect  
Amount  
Send an  
extra  
\$100.

14 29132

CMS  
1935  
4-5-02

CMS  
9106  
4-25-02  
100.00

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10/2/88 AV

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLOUD, JOHN V., III 3920 RED ROCK WAY SARASOTA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLOUD, DIANA W. 3920 RED ROCK WAY SARASOTA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E034 (9/01)