

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J84804

1. Entity Name

REGULATORY AGENCY MANAGEMENT SYSTEMS, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90040 011 ***150.00

Principal Place of Business

1020 E LAFAYETTE ST #105
TALLAHASSEE FL 32301

Mailing Address

1020 E LAFAYETTE ST #105
TALLAHASSEE FL 32301

9 3 3 4 3 0

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2842616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNER, CHARLES E., JR.
1020 E LAFAYETTE ST
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 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

TITLE PD
NAME BARNER, CHARLES E., JR.
STREET ADDRESS 307 SWEETBRIAR DR.
CITY-ST-ZIP TALLAHASSEE FL

☐ Delete

TITLE D
NAME BALARA, TERRY A.
STREET ADDRESS 525 CARACABA RD.
CITY-ST-ZIP ST. AUGUSTINE FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/01

850 656 9290

CR2E034 (10/00)