

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L61693

1. Entity Name

CASE MANAGEMENT CHOICES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90112 009 \*\*\*150.00

Principal Place of Business

Mailing Address

4237 SALISBURY RD  
207  
JACKSONVILLE FL 32216  
US

4237 SALISBURY RD  
207  
JACKSONVILLE FL 32216-0907  
US

2. Principal Place of Business

8375 DIX ELLIS TRAIL

3. Mailing Address

8375 DIX ELLIS TRAIL

Suite, Apt. #, etc.

409

Suite, Apt. #, etc.

409

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32256

Country

DUVAL

Zip

32256

Country

DUVAL

4. FEI Number

59-3096673

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

KOWLSEN, TINA  
5063 RUE STREET  
JACKSONVILLE FL 32258

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, 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 ☐ Delete  
NAME P  
STREET ADDRESS KOWLSEN, MICHAEL  
CITY-ST-ZIP 5063 RUE STREET  
JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS KOWLSEN, TINA  
CITY-ST-ZIP 5063 RUE STREET  
JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS VIGLIOTTI, MARGARET  
CITY-ST-ZIP 1316 OAK ROAD  
LIBURN GA

TITLE ☒ Change ☐ Addition  
NAME S  
STREET ADDRESS KOWLSEN, TINA  
CITY-ST-ZIP 5063 RUE STREET  
JACKSONVILLE FL

TITLE ☐ Delete  
NAME T  
STREET ADDRESS VIGLIOTTI, DOMINIC  
CITY-ST-ZIP 1316 OAK ROAD  
LILBURN GA

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS KOWLSEN, MICHAEL  
CITY-ST-ZIP 5063 RUE STREET  
JACKSONVILLE, FL

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  
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:

*Michael N. Kowlsen*

MICHAEL N. KOWLSEN

4/18/2000

(904)279-0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)