

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001036

1. Entity Name
CLOUD MANAGEMENT SERVICES, LLC

FILED
01 JAN 30 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3535 JACINTO COURT
SARASOTA FL 34239

Mailing Address
P.O. BOX 25427
SARASOTA FL 34277



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 65-0868449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CLOUD, JOHN V III
3535 JACINTO COURT
SARASOTA FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003656896-6
-02/08/01--01011--020
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/11/01

941-952-1000

CR2E083 (11/00)