

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-19-2001 90279 017 ***150.00

768584

DOCUMENT # M30499
 1. Entity Name
 RESORT MANAGEMENT SERVICES, INC.

Principal Place of Business 3208 HILL STREET NEW SMYRNA BEACH FL 32169	Mailing Address 3208 HILL STREET NEW SMYRNA BEACH FL 32169
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2. Principal Place of Business 920 THIRD AVENUE Suite, Apt. #, etc.	3. Mailing Address 920 THIRD AVENUE Suite, Apt. #, etc.
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City & State NEW SMYRNA BEACH FL	City & State NEW SMYRNA BEACH
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Zip 32169	Country USA	Zip 32169	Country USA
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4. FEI Number 59-2689878	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 LINDA M O'NEILL
 3208 HILL STREET
 NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent
 Name: JAMES A KOSMAS PA
 Street Address (P.O. Box Number is Not Acceptable): 111 LIVE OAK STREET
 City: NEW SMYRNA BEACH FL Zip Code: 32169

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 James M. Kosmas DATE 02-14-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P STEVEN P KOSMAS 3208 HILL STREET NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGELA G BARKER 3208 HILL STREET NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINDA M O'NEILL 3208 HILL STREET NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVEN P KOSMAS 920 THIRD AVENUE NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANGELA KOSMAS 920 THIRD AVENUE NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Steven P. Kosmas DATE: 2/16/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: STEVEN P. KOSMAS DAYTIME PHONE #: 904-427-6892

CR2E034 (11/00)