

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000597

1. Entity Name  
MANAGEMENT SERVICES HOLDINGS, L.L.C.

FILED

01 APR 19 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3501 SW CORPORATE PARKWAY  
PALM CITY FL 34990

Mailing Address  
3501 SW CORPORATE PARKWAY  
PALM CITY FL 34990



2. Principal Place of Business  
3399 PGA BLVD

3. Mailing Address  
3399 PGA BLVD

Suite, Apt. #, etc.  
SUITE 450

Suite, Apt. #, etc.  
SUITE 450

City & State  
PALM BEACH GARDENS, FL

City & State  
PALM BEACH GARDENS, FL

Zip  
33410

Country  
U.S.A.

Zip  
3340

Country  
USA

4. FEI Number 65-0904610

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CHASEN, DONALD L  
3501 SW CORPORATE PARKWAY  
PALM CITY FL 34990

## 7. Name and Address of New Registered Agent

Name  
KEITH L. CUMMINGS

Street Address (P.O. Box Number is Not Acceptable)  
3399 PGA BLVD  
SUITE 450

City  
PALM BEACH GARDENS

FL

Zip Code  
33410

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

4/16/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM DTC HOLDINGS, LLC 3501 SW CORPORATE PKWY PALM CITY FL 34990	<input type="checkbox"/>
MGRM CONCEPTS IN GREENERY LANDSCAPE MAINTENANC P.O. BOX 1756 PALM CITY FL 34991	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
300004084553--6 -04/27/01--01040--023 *****50.00 *****50.00	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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

4/16/01

Date

561-630-6110

Daytime Phone #

0023596

AF

CR2E083 (11/00)