

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90009 040 ***158.75

DOCUMENT # P98000095371

1. Entity Name

COST MANAGEMENT PARTNERS, INC.

DO NOT WRITE IN THIS SPACE

80093400

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4211 W. Boy Scout Blvd.

Suite, Apt. #, etc.

Suite 750

City & State

Tampa, FL

Zip

33607

Country

Hillsborough

3. Mailing Address

4211 W. Boy Scout Blvd.

Suite, Apt. #, etc.

Suite 750

City & State

Tampa, FL

Zip

33607

Country

Hillsborough

4. FEI Number

58-2154496

Applied For

Not Applicable

5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Capital Connection, Inc.

Street Address (P.O. Box Number is Not Acceptable)

417 E. Virginia Street

Suite 1

City

Tallahassee, FL

FL

Zip Code

32301-1283

DO NOT WRITE
IN THIS SPACE

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

Norman Stein

NORMAN STEIN

4/30/02

Signature typed or printed name of registrant agent and both applicants

USCITE: Registrant Agent signature required when completing

DATE

9. This corporation is eligible to qualify as intangible
Tax filing requirement and elects to do so. ☐
(See Chapter 607, F.S.)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	See Attached						

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 on an attachment with an address, with full power to be empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

Philip E. Dotson
Chief Executive Officer
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*Attachment
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