

P98000095371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

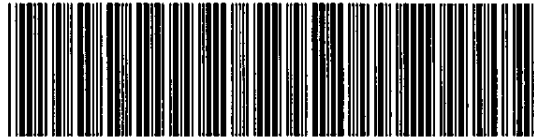
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RA  
change

11/09/06--01001--006 \*\*635.00

2006 NOV -8 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

APR  
11/8/06

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Cost Management Partners, Inc.

Corrected

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2006 NOV -8 AM 9:14  
NOT PRESENTED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

☒ Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

RECEIVED  
06 NOV -7 AM 11:54  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ASL  
11/7/06



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2006

COST MANAGEMENT PARTNERS, INC.  
4211 WEST BAY SCOUT BLVD.  
STE 750  
TAMPA, FL 33607

SUBJECT: COST MANAGEMENT PARTNERS, INC.  
Ref. Number: P98000095371

We have received your document for COST MANAGEMENT PARTNERS, INC. and check(s) totaling \$635.00. However, your check(s) and document are being returned for the following:

This corporation was administratively dissolved for failure to register its new registered agent. The reinstatement form is not required since the corporation has already filed its annual report for this year. Only the attached Change of Registered Agent form is required, with the \$635.00 filing fee.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Debra S Cooper  
Document Specialist

Letter Number: 306A00065633

*Corrected*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cost Management Partners, Inc.

2. The principal office address: 4211 W Boy Scout Blvd, Suite 750, Tampa, FL 33607

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/12/98 Document number: P98000093321

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Capital Connection, Inc. (resigned)

417 E Virginia St, Suite 1

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capital Connection, Inc.


417 E Virginia St, Suite 1

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 J.R. Finance  
(Signature of an officer or director)

J. Robert Grady, VP Finance  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

11/7/06  
(Date)

If signing on behalf of an entity:

Stacey Piland  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

**FILED**  
2006 NOV - 8 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA