

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90056 002 ***150.00

DOCUMENT # P00000001216

1. Entity Name

CONTACT MANAGEMENT SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1300 SAWGRASS CORP PKWY
 SUITE #310
 FORT LAUDERDALE FL 33323

1300 SAWGRASS CORP PKWY
 SUITE #310
 FORT LAUDERDALE FL 33323

2. Principal Place of Business

3. Mailing Address

1580 Sawgrass Corp Pkwy

1580 Sawgrass Corp Pkwy

Suite, Apt. #, etc.
 Ste 310

Suite, Apt. #, etc.
 Ste 310

City & State
 Sunrise fl

City & State
 Sunrise FL

4. FEI Number
 65-0983396

Applied For
 Not Applicable

Zip
 33323

Country
 US

Zip
 33323

Country
 US

5. Certificate of Status Desired ☐ \$8.75 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

MAURER, L J
 1300 SAWGRASS CORP PKWY
 SUITE 310
 FORT LAUDERDALE FL 33323

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

I, the 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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOCK, ONG-END	
STREET ADDRESS	1300 SAWGRASS CORP PKWY #310	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WOND, DEROCK-KIT	
STREET ADDRESS	1300 SAWGRASS CORP PKWY #310	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOONE, WILLIAM	
STREET ADDRESS	1300 SAWGRASS CORP PKWY #310	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TONUTTE, DANIEL	
STREET ADDRESS	1300 SAWGRASS CORP PKWY #310	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Signature]
 SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/02 954 835 0085

CR2E034 (9/01)