FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90115 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007539

1. Entity Name
SYSTEMS MANAGEMENT SERVICES, INC.

10074419

Principal Place of Business	Mailing Address
742 MELLOWOOD AVE. ORLANDO, FL 32825	742 MELLOWOOD AVE. ORLANDO, FL 32825

2. Principal Place of Business	3. Mailing Address
4902 S 46th Pl	4902 S 46th Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rogers, AR	City & State: Rogers, AR
Zip: 72758 Country: USA	Zip: 72758 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3691604 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, BEN H
120 N. MAITLAND AVENUE
MAITLAND, FL 32-751y

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 720 N. Maitland, Ste 105
City Maitland FL Zip Code 32751

Address correction only

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	FOLKES, DANNY L	NAME	
STREET ADDRESS	742 MELLOWOOD AVE.	STREET ADDRESS	4902 S 46th Place
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	Rogers, AR 72758
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Danny L. Folkes 4-11-03 479-366-7144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #