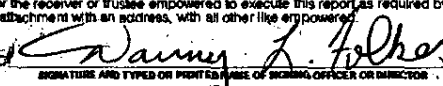


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90115 032 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000007539		
1. Entity Name SYSTEMS MANAGEMENT SERVICES, INC.		
Principal Place of Business 742 MELLOWOOD AVE. ORLANDO, FL 32825		Mailing Address 742 MELLOWOOD AVE. ORLANDO, FL 32825
2. Principal Place of Business 4902 S 46th PI Suite, Apt. #, etc.		3. Mailing Address 4902 S 46th PI Suite, Apt. #, etc.
City & State Rogers, AR		City & State Rogers, AR
Zip 72758		Zip 72758
Country USA		Country USA
4. Name and Address of Current Registered Agent MOORE, BEN H 120 N. MAYLAND AVENUE MATLAND, FL 32751		4. FEI Number 59-3691604
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 720 N. Matland, Ste 105 City Matland FL Zip Code 32751		7. Name and Address of New Registered Agent
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when selecting)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	D	☐ Delete
NAME	FOLKES, DANNY L	
STREET ADDRESS	742 MELLOWOOD AVE.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME	4902 S 46th Place	
STREET ADDRESS	Rogers, AR 72758	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		4-11-03 479-366-7144

Address
correction
only

CH22504 (10/02)