

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-17-2003 90029 008 ***550.00

DOCUMENT # P00000036413

1. Entity Name
MANAGEMENT SPECIALISTS, INC.



Principal Place of Business
3727 SE OCEAN BLVD. SUITE 200
STUART FL 34996

Mailing Address
3727 SE OCEAN BLVD. SUITE 200
STUART FL 34996

55052830



2. Principal Place of Business
3727 SE Ocean Blvd

3. Mailing Address
3727 SE Ocean Blvd

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
Suite 110

Suite, Apt. #, etc.
Suite 110

City & State
Stuart, FL 34996

City & State
Stuart, FL 34996

4. FEI Number **65-0998138**

Applied For
☐ Not Applicable

Zip
34996

Country
Martin

Zip
34996

Country
Martin

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TWOHEY, CHRISTOPHER J
312 DENVER AVE
STUART FL 34994

Name

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

City

FL

Zip Code

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 \$550.00

After September 10, 2003 Fee will be \$750.00
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

TITLE ☐ Delete
NAME **D GERDES, BRENDA F**
STREET ADDRESS **9307 S INDIAN RIVER DRIVE**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ Delete
NAME **D SMITH, JUDITH A**
STREET ADDRESS **5073 SE DEVENWOOD WAY**
CITY-ST-ZIP **STUART FL 34997**

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda F. Gerdes
BRENDA F. GERDES

7/27/03

Date

772-220-6061

Daytime Phone #

CR2E034 (4/03)