

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90110 044 \*\*\*150.00

**DOCUMENT # P00000076695**

1. Entity Name  
**CHEMICAL DEPENDENCY MANAGEMENT SERVICES, INC.**

Principal Place of Business  
**715 BRECKINRIDGE DR  
 PORT ORANGE FL 32127**

Mailing Address  
**715 BRECKINRIDGE DR  
 PORT ORANGE FL 32127**

14200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**715 Breckenridge DR**

3. Mailing Address  
**SAME AS #2**

City & State  
**PORT ORANGE**

City & State  
**FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip Country  
**32127 Volusia**

Zip Country  
**32127**

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

**SHERIDAN, WILLIAM S  
 715 BRECKINRIDGE DR  
 PORT ORANGE FL 32127**

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.

SIGNATURE William Sheridan  
Signature, typed or printed name of registered agent and fee 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>William SHERIDAN</b> <input type="checkbox"/> Delete <b>President</b> <b>715 Breckenridge DR.</b> <b>PORT ORANGE, FL, 32127</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DONNA J SHERIDAN</b> <input type="checkbox"/> Delete <b>SEC/TREASURER</b> <b>715 Breckenridge DR</b> <b>PORT ORANGE, FL, 32127</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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: W.S. Sheridan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 904-761-9597  
Date Daytime Phone #

CR2E034 (10/00)