

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078353

1. Entity Name

DOCUMENT MANAGEMENT SERVICES, INC.

Principal Place of Business

548 BANYAN BLVD
NAPLES FL 34102

Mailing Address

548 BANYAN BLVD
NAPLES FL 34102

2. Principal Place of Business

4075 EDISON AVE

Suite, Apt. #, etc.

3. Mailing Address

4075 EDISON AVE

Suite, Apt. #, etc.

City & State

FT MYERS, FL

Zip

33914

Country

LEE

City & State

FT MYERS, FL

Zip

33914

Country

LEE

4. FEI Number

59-3666078

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, JERRY F JR
548 BANYAN BLVD
NAPLES FL 34102

7. Name and Address of New Registered Agent

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

Robert W. Eckert ROBERT W. ECKERT PRES.

9-4-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE ☐ Delete
NAME D
STREET ADDRESS LEONARD, JERRY J JR
CITY-ST-ZIP 548 BANYAN BLVD
NAPLES FL 34102

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME P/S/D
STREET ADDRESS ROBERT W. ECKERT
CITY-ST-ZIP 1926 BLACKSTONE CIR.
NAPLES, FL 34109

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W. ECKERT

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90005 015 ***550.00

A0084336



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)