

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000092774

FILED  
Apr 10, 2002 8:00 AM  
Secretary of State

Entity Name: STS REGIONAL MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

C/O STATE TAX SOLUTIONS, INC.  
3001 N ROCKY POINT DR E PMB 2022 STE 200  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

C/O STATE TAX SOLUTIONS, INC.  
3001 N ROCKY POINT DR E PMB 2022 STE 200  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 59-3672664      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUNYON, CHRISTOPHER  
3001 N ROCKY POINT DR E STE 200  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MUNYON, CHRISTOPHER  
Address: 3001 N ROCKY POINT DR E PMB 2022 STE 200  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: GUENTHER, SCOTT  
Address: 3001 N ROCKY POINT DR E PMB 2022 STE 200  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER MUNYON

CFO

04/10/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date