

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113385

1. Entity Name

NEW ERA MANAGEMENT SERVICES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90358 018 ***150.00

Principal Place of Business

3000 MEDICAL PARK DRIVE
SUITE 102
TAMPA FL 33613

Mailing Address

3000 MEDICAL PARK DRIVE
SUITE 102
TAMPA FL 33613

2. Principal Place of Business

3321 W. BEARSS AVE

Suite, Apt. #, etc.

3. Mailing Address

3321 W. BEARSS AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33618

Country

USA

City & State

TAMPA, FL

Zip

33618

Country

USA

4. FEI Number

59-3688750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

RICHARD S. DILLON

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

3321 W. BEARSS AVE

City

TAMPA

FL

Zip Code

33618

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

Richard S. Dillon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-01

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

TITLE PSTD
NAME DILLON, RICHARD S
STREET ADDRESS 3000 MEDICAL PARK DRIVE SUITE 102
CITY-ST-ZIP TAMPA FL 33613

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME DILLON, RICHARD S
STREET ADDRESS 3321 W. BEARSS AVE.
CITY-ST-ZIP TAMPA, FL 33618

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard S. Dillon

4-22-01

Date

813 972-9300

Daytime Phone #

CR2E034 (10/00)