## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P01000065005 DOCUMENT #

1. Entity Name

COOPERATIVE MANAGEMENT SYSTEMS, INC.



Principal Place of Business 2851 REMINGTON GREEN CIR., STE. A Mailing Address

2851 REMINGTON GREEN CIR., STE. A

TALLAHASSEE EL 32308

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2. Principal Place of Business		3. Mailing Address		III		
-• 						
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc				
		City & State	4. FEIN			
Zip	Country	Zip	Cour	5. Certific		
6.	. Name and Address of Cu	arrent Registered Agent	·	T	-7. Name	
				Name		
PIERCE, ROBE 227 S. CALHO TALLAHASSEE	OUN ST.			Street Address (P.O.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , =			City	·-··	

## **FILED** Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90200 025 \*\*\*150.00



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2. Principal Place of Business		3. Mai	3. Mailing Address				13441188131	80[0]    81  80	<b>        </b>	85118 6111	1 BLUS BANG B	<b>0,0</b> 0 0114 1801	
Suite, Apt. #, etc.*		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State		City	City & State		4.	4. FEI Number 59-3734618				<u> </u>	plied For t Applicable		
Zip		Country Zip C			Coun						8.75 Add	litional	
6. Name and Address of Current Registered Agent						1	-71	Name and Ad	dress of Ne	w Registe	red Ag	ent	-
	<u> </u>					Name							
PIERCE, ROBERT A					Character (D.O. Day Number is Not Assessable)								
227 S. CALHOUN ST.						Street Address (P.O. Box Number is Not Acceptable)							
	SSEE FL 32							•					
THE WINDSEL PERSON					City					FL	Zip Code	9	
8. The above	named entity	y submits this statement fo	or the purp	ose of changing its r	eaister	L ed office or	registered ag	ent, or both, is	n the State o	f Florida.	am fan	niliar with,	and accept
	ions of regist				- 5								
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE:	Registere	d Agent signatu	re required when re	einstating)		C	ATE		
	II E NOW!!	! FEE IS \$150.00		<u> </u>									
After May 1, 2003 Fee will be \$550.00					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
Make Check	Payable to	Florida Department o	f State					ii usi i	una commo	dion.	L	70000	110 1 000
10.		OFFICERS AND	DIRECTO	PRS	11.	**	ΑL	DITIONS/CH	ANGES TO	OFFICERS	AND D	IRECTORS	S IN 11
TITLE .	PD			☐ Delete	TITL	E						Change	☐ Addition
NAME		, Joseph D			NAM	ΙE							
STREET ADDRESS	2001 (1211111101111111111111111111111111					EET ADDRESS							·
CITY-ST-ZIP	TALLAHAS	SSEE FL 32308			CITY	-ST-ZIP							
TITLE	DS			☐ Delete	TITL	E						Change	Addition
NAME		Traument, C. CO			NAM	_							
STREET ADDRESS	2001 HEMINGTON GILLEN GIRL, GTC. A					EET ADDRESS							
CITY-ST-ZIP		SSEE FL 32308			1-	'-ST-ZIP			<u> </u>			7 01	C Addition
TITLE	DT	51 Ibi		☐ Delete	TITL						L	Change	Addition
NAME	HARTZ, JO		CTE A		NAM	eet address							
STREET ADDRESS CITY-ST-ZIP		IINGTON GREEN CIR., SSEE FL 32308	SIE. A		3	'-ST-ZIP							
TITLE	IALLAIIA	JOLE 1 C 02000		☐ Delete	TITL.			· · · · · · ·			Г	Change	Addition
NAME				LI DEIGIG	NAM							_ •	<del></del>
STREET ADDRESS					STR	EET ADDRESS							
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NAME					NAM	1E							
STREET ADDRESS					•	EET ADDRESS							
CITY-ST-ZIP					4	'-ST-ZIP					_		
TITLE				☐ Delete	TITL							Change	☐ Addition
NAME					NAM	ie Eet address							
STREET ADDRESS					•	CT 7ID							

12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

CR2E034 (10/02)