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May 29, 2003 8:00 am
Secretary of State
05-05-2003 91156 001 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000072913

1. Entity Name
FONTAINE MANAGEMENT SERVICES, INC.

$150.00
[redacted]
55044544

Principal Place of Business	Mailing Address
3 ANNETTE DR W MELBOURNE, FL 32904	3 ANNETTE DR W MELBOURNE, FL 32904

2. Principal Place of Business	3. Mailing Address
3 Annette Dr.	1365 Donna Marie Dr
Street, Apt. #, etc.	Street, Apt. #, etc.
Melbourne, Fl.	Melbourne, Fl.
Zip 32904 Country Brevard	Zip 32904 Country Brevard

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3742134 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FONTAINE, ROB
3 ANNETTE DR
MELBOURNE, FL 32904

7. Name and Address of New Registered Agent

Name: Rhondalee M. Fontaine
Street Address (P.O. Box Number is not acceptable): 3 Annette Drive
City: Melbourne FL Zip Code: 32904

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: (X) [signature] DATE: 4-17-03

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FONTAINE, ROBERT W II 3 ANNETTE DR W MELBOURNE, FL 32904	☒ Delete	PRESIDENT Rhondalee M. Fontaine 3 Annette Dr. Melb. Fl 32904	☐ Change ☒ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	Director Rhondalee M. Fontaine 3 Annette Dr. Melb. Fl. 32904	☐ Change ☒ Addition
		☐ Delete	SECRETARY RHONDALEE M. FONTAINE 3 Annette Dr. Melb. Fl. 32904	☐ Change ☒ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: (X) [signature] 4-17-03 321-508-7311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #