

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90127 010 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000084677

1. Entity Name
MANAGING SERVICES INC.

Principal Place of Business
 4925 TOWN AND COUNTRY BLVD
 TAMPA FL 33615

Mailing Address
 4925 TOWN AND COUNTRY BLVD
 TAMPA FL 33615

2. Principal Place of Business
 8206 TANGLEWOOD LN
 Suite, Apt. #, etc.

3. Mailing Address
 8206 TANGLEWOOD LN
 Suite, Apt. #, etc.

City & State
 TAMPA, FL

City & State
 TAMPA, FL

Zip
 33615

Country
 HILLSBOROUGH

4. FEI Number
 593744410

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LAFLEUR, MICHELLE
 4925 TOWN AND COUNTRY BLVD
 TAMPA FL 33615

7. Name and Address of New Registered Agent
 Name: MICHELLE LAFLEUR
 Street Address (P.O. Box Number is Not Acceptable): 8206 TANGLEWOOD LN
 City: TAMPA FL Zip Code: 33615

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: *Michelle Lafleur* PRESIDENT DATE: 8/13/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michelle Lafleur* DATE: 8/13/02 813-885-4811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment 974781
TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS #P01000094677
(UNIFORM BUSINESS REPORT)

I'VE JUST RECENTLY FORMED MY NEW CORPORATION AND DID NOT RECEIVE THE FIRST NOTICE STATING THE \$150.00 ANNUAL FILING FEE WAS DUE PRIOR TO MAY 1, 2002. IT WOULD BE VERY MUCH APPRECIATED IF, JUST THIS ONE TIME, THE LATE FEE COULD BE WAIVED.

THANK YOU VERY MUCH!

MANAGING SERVICES INC.

PRESIDENT

MICHELLE LAFLEUR,
Michelle LaFleur

NEW ADDRESS: 8206 TANGLEWOOD LN.

TAMPA, FL 33615

PH: 813.885.4811