

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

03-18-2002 90056 039 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000089006**

1. Entity Name

TOTAL MANAGEMENT INC.

Principal Place of Business

2603 MUSKEGON WAY
WEST PALM BEACH FL 33411

Mailing Address

2603 MUSKEGON WAY
WEST PALM BEACH FL 33411

2. Principal Place of Business

4521 P.G.A. Blvd

Suite, Apt. #, etc.

#193

3. Mailing Address

4521 P.G.A. Blvd.

Suite, Apt. #, etc.

#193

DO NOT WRITE IN THIS SPACE

City & State

PAIM BEACH GARDENS, FLA

City & State

PAIM BEACH GARDENS

4. FEI Number

65-1141210

Applied For

Not Applicable

Zip

33418

Country

USA

Zip

33418

Country

USA5. Certificate of Status Desired ☐
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.**1840 SW 22ND ST.****4TH FLOOR****MIAMI FL 33145**

Name

MARK A MAIDA

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

4521 P.G.A. Blvd #193

City

PAIM BEACH GARDENS

FL

Zip Code

33418

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-01-02

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, 2002 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	PSD	☐ Delete
NAME	MAIDA, ANDREA N	
STREET ADDRESS	2603 MUSKEGON WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VT	☐ Delete
NAME	MAIDA, MARK A	
STREET ADDRESS	2603 MUSKEGON WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	☒ Change ☐ Addition
NAME	MAIDA, ANDREA N	
STREET ADDRESS	4521 P.G.A. Blvd #193	
CITY-ST-ZIP	PAIM BEACH GARDENS, FL. 33418	
TITLE	VT	☒ Change ☐ Addition
NAME	MAIDA, MARK A.	
STREET ADDRESS	4521 P.G.A. Blvd. #193	
CITY-ST-ZIP	PAIM BEACH GARDENS, FL 33418	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/02 561.704.8293

Date

Daytime Phone #

CR2E034 (9/01)