

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90021 031 \*\*\*150.00

054636 AV

**DOCUMENT # P01000104709**

1. Entity Name

**BUSINESS MANAGEMENT SERVICES, INC.**

Principal Place of Business

Mailing Address

37560 US 19 NORTH  
 PALM HARBOR FL 34760

37560 US 19 NORTH  
 PALM HARBOR FL 34760

2. Principal Place of Business

3. Mailing Address

226 E. Tarpon Ave  
 Suite, Apt. #, etc.

P.O. Box 2556  
 Suite, Apt. #, etc.

City & State

Tarpon Springs FL

Zip

34689

Country

USA

City & State

Tarpon Springs FL

Zip

34689

Country

USA

4. FEI Number

02-0536204

Applied For

Not Applicable

5. 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

DICKSON, MARCY  
 37560 US 19 NORTH  
 PALM HARBOR FL 34760

Name

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

226 E. Tarpon Ave

City

Tarpon Springs

FL

Zip Code

34689

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 MARCY DICKSON

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

*Marcy Dickson*

(NOTE: Registered Agent signature required when reinstating)

3-18-02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/Director	<input type="checkbox"/> Delete
NAME	Anthony J. LaPorte	
STREET ADDRESS	226 E. Tarpon Ave	
CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	Sec. / Treas. / Dir.	<input type="checkbox"/> Delete
NAME	MARIANNE A. LaPorte	
STREET ADDRESS	226 E. Tarpon Ave	
CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	Dir.	<input type="checkbox"/> Delete
NAME	TARA M. LaPorte	
STREET ADDRESS	226 E. Tarpon Ave	
CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Anthony J. LaPorte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-18-02

Daytime Phone #

727-808-7861

CR2E034 (9/01)