

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90040 044 \*\*\*150.00

**DOCUMENT # P02000012215**

1. Entity Name  
**CKB MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**35-DEERPATH DR  
OLDSMAR FL 34677**

Mailing Address  
**35-DEERPATH DR  
OLDSMAR FL 34677**

20017307



2. Principal Place of Business  
**8520 49TH STREET  
SUITE 243**

3. Mailing Address  
**8520 49TH STREET  
SUITE 243**

City & State  
**PINELLAS PARK, FLORIDA**

City & State  
**PINELLAS PARK, FLORIDA**

4. FEI Number  
**61-1403963**

Applied For  
Not Applicable

Zip Country  
**33781-1554 PINELLAS**

Zip Country  
**33781-1554 PINELLAS**

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

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name **R. SCOTT REPNISKE, CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**406 MAXWELL PLACE**  
City **INDIAN ROCKS BEACH FL** Zip Code **33785**

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 **Robert Lytle, CPA** DATE **1/23/2003**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ Delete  
NAME **BYINGTON, C K**  
STREET ADDRESS **35-DEERPATH DR**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **W. PAUL TUTTLE** ☒ Change ☐ Addition  
NAME **8520**  
STREET ADDRESS  
CITY-ST-ZIP **NEW**

TITLE **PSTD** ☒ Change ☐ Addition  
NAME **W. PAUL TUTTLE**  
STREET ADDRESS **8520 49TH STREET NORTH, SUITE 243**  
CITY-ST-ZIP **PINELLAS PARK, FLORIDA 33781**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowered.

SIGNATURE: **SIG W. Paul Tuttle**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/23/2003** DAYTIME PHONE **(727) 698-2775**

CR2E034 (10/02)