

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90012 034 ***150.00

DOCUMENT # P02000016779

1. Entity Name
CHURCHFIELD'S MANAGEMENT SERVICES, INC.



Principal Place of Business
**1012 SE 15TH STREET
NO. 6
FORT LAUDERDALE FL 33316**

Mailing Address
**1012 SE 15TH STREET
NO. 6
FORT LAUDERDALE FL 33316**



2. Principal Place of Business

3405 NW 9 AVENUE

3. Mailing Address

3405 NW 9 AVENUE

Suite, Apt. #, etc.

#1201

Suite, Apt. #, etc.

#1201

City & State

F. LAUDERDALE

City & State

F. LAUDERDALE

Zip

FL

Country

33309

Zip

FL

Country

33309

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0386388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMON SIGALOS & SPYREDES, PA
4800 N. FEDERAL HIGHWAY
100D
FORT LAUDERDALE FL 33431**

7. Name and Address of New Registered Agent

Name

MATTHEW R. SELBY

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

3405 NW 9 AVENUE #1201

City

F. LAUDERDALE

FL

Zip Code

33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MATTHEW R. SELBY

1/6/03

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 **PVST** ☐ Delete
NAME **SELBY, KITTY**
STREET ADDRESS **1012 SE 15TH STREET, NO. 6**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 jobs empowered.

SIGNATURE:

SIGNATURE REQUIRED KITTY SELBY

1/6/03

954 937 9762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)