

2000 UNIFORM BUSINESS REPORT (UBR)

057912

DOCUMENT # **P39992**

1. Entity Name
NME MANAGEMENT SERVICES, INC.

FILED

00 APR 14 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3820 STATE STREET
SANTA BARBARA CA 93105**

Mailing Address
**C/O MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105-3112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1774141**

Applied For ☐ Not Applicable ☐

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2000 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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PULLEN, TIMOTHY		NAME		
STREET ADDRESS	14001 DALLAS PARKWAY		STREET ADDRESS	13737 Noel Road	
CITY-ST-ZIP	DALLAS TX 75240		CITY-ST-ZIP	Dallas, TX 75240	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, CAITLIN M		NAME		
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS	400003215344-3	
CITY-ST-ZIP	SANTA BARBARA CA 93105		CITY-ST-ZIP	-04/19/00-01101-025	
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCMULLEN, TERENCE P		NAME	T Dennis L. Dent	
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS	3820 State Street	
CITY-ST-ZIP	SANTA BARBARA CA 93105		CITY-ST-ZIP	Santa Barbara, CA 93105	
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVER, RICHARD B		NAME		
STREET ADDRESS	3820 STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA 93105		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  Secretary **4/11/00** **805/563-7075**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

SP