

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002062

1. Entity Name

CAPTIVE MANAGEMENT SYSTEMS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90031 045 ***150.00

Principal Place of Business

Mailing Address

13902 N. DALE MABRY
SUITE 149
TAMPA FL 33618

13902 N. DALE MABRY
SUITE 149
TAMPA FL 33618-2424

2. Principal Place of Business

3939 Cheval Boulevard
Suite, Apt. #, etc.

3. Mailing Address

3939 Cheval Boulevard
Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

4. FEI Number

59-3173138

Applied For

Not Applicable

Zip

33549

Country

Zip

33549

Country

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

CILLO, JOSEPH P
13902 N. DALE MABRY HWY.
SUITE 149
TAMPA FL 33618

Name

Joseph P. Cillo

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

3939 Cheval Boulevard

City

Lutz,

FL

Zip Code
33549

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

Joseph P. Cillo / President

1/12/00

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

(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/D ☐ Delete
NAME CILLO, JOSEPH P
STREET ADDRESS 13902 N. DALE MABRY, STE. 149
CITY-ST-ZIP TAMPA FL 33618

TITLE PD ☒ Change ☐ Addition
NAME Cillo, Joseph P.
STREET ADDRESS 3939 Cheval Boulevard
CITY-ST-ZIP Lutz, FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE:

Joseph P. Cillo/President

813-963-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)