

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90005 039 ***150.00

DOCUMENT # P92000014736

1. Entity Name

CFS MANAGEMENT CORPORATION

Principal Place of Business

**5922 CATTLEMEN LANE
 SUITE 204
 SARASOTA FL 34232
 US**

Mailing Address

**5922 CATTLEMEN LANE
 SUITE 204
 SARASOTA FL 34232
 US**

2. Principal Place of Business

6290 Professional Pkwy W.

3. Mailing Address

6290 Professional Pkwy W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, Florida

City & State
Sarasota, Florida

4. FEI Number

65-0377433

Applied For

Not Applicable

Zip
34240

Country
USA

Zip
34240

Country
USA

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

**RUSSELL, JEFFREY S
 240 S. PINEAPPLE AVE.
 10TH FLOOR
 SARASOTA FL 34236**

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

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, 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 **DP** ☐ Delete
 NAME **CURRIN, RUSSELL A**
 STREET ADDRESS **5922 CATTLEMEN LANE, SUITE 204**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **DP** ☒ Change ☐ Addition
 NAME **Currin, Russell A.**
 STREET ADDRESS **6290 Professional Parkway W.**
 CITY-ST-ZIP **Sarasota, FL 34240**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 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:

SIGNATURE REQUIRED

Russell A Currin

2/4/02

941-907-3313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)