

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053704

1. Entity Name

TRAFALGAR MANAGEMENT SERVICES, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90081 005 \*\*\*150.00

Principal Place of Business

400 WEBSTER STREET  
LEESBURG FL 34748  
US

Mailing Address

400 WEBSTER ST  
LEESBURG FL 34748  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3228431**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MINKOFF, SANFORD A  
226 WEST ALFRED ST.  
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name

MALCOLM S SMITH

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

400 WEBSTER STREET

City

LEESBURG

FL

Zip Code

34748

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, 2001 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

TITLE PD ☐ Delete  
NAME SMITH, MALCOLM S  
STREET ADDRESS 400 WEBSTER ST  
CITY-STATE-ZIP LEESBURG FL

TITLE STD ☐ Delete  
NAME SMITH, MARK M N  
STREET ADDRESS 400 WEBSTER ST  
CITY-STATE-ZIP LEESBURG FL

TITLE D ☒ Delete  
NAME WITHINGTON, JACK R  
STREET ADDRESS 35116 HAINES CREEK ROAD  
CITY-STATE-ZIP LEESBURG FL 34788

TITLE D ☐ Delete  
NAME MILLS, IAN L  
STREET ADDRESS 400 WEBSTER STREET  
CITY-STATE-ZIP LEESBURG FL 34748

TITLE D ☐ Delete  
NAME MILLS, JULIET A  
STREET ADDRESS 400 WEBSTER STREET  
CITY-STATE-ZIP LEESBURG FL 34748

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/2001 352 728-3922

CR2E034 (10/00)