

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020406

1. Entity Name

CORPORATE MANAGERS, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90082 047 ***150.00

Principal Place of Business

1070 E INDIANTOWN ROAD
SUITE 208
JUPITER FL 33477
US

Mailing Address

1070 E INDIANTOWN ROAD
SUITE 208
JUPITER FL 33477
US

2. Principal Place of Business

2444 Ridge Rd, Suite #, etc.

3. Mailing Address

2444 Ridge Rd, Suite #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jupiter City, FL

City & State

Jupiter City, FL

4. FEI Number

65-0479909

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

7. Name and Address of New Registered Agent

WHITMER, LISA
1070 E. INDIANTOWN RD.
#208
JUPITER FL 33477

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WHITMER, LISA
1070 E INDIANTOWN RD #208
JUPITER FL 33477 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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WILKENS, FLOYD D
1070 E INDIANTOWN RD, #208
JUPITER FL ☐ Delete

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☐ Change ☐ Addition

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 #

CR2E034 (10/00)