

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063309

1. Entity Name

~~ZIMMERMAN MANAGEMENT SERVICES, INC.~~

CENTURY MANAGEMENT SERVICES, INC.

Principal Place of Business

9000 SHERIDAN STREET  
SUITE 100  
PEMBROKE PINES FL 33024  
US

Mailing Address

9000 SHERIDAN STREET  
SUITE #100  
PEMBROKE PINES FL 33024  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0617064

Applied For

Not Applicable

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

ZIMMERMAN, HOWARD J.  
9000 SHERIDAN STREET  
SUITE #100  
PEMBROKE PINES FL 33024

Name ~~RAYMOND F. ORSI, SR.~~

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

9000 SHERIDAN STREET, SUITE 100

City PEMBROKE PINES

FL

Zip Code  
33024

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

4-2-01

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 PSTD  
NAME ZIMMERMAN, HOWARD J. ☒ Delete  
STREET ADDRESS 13551 S.W. 34TH COURT  
CITY-ST-ZIP DAVIE FL

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

TITLE VD  
NAME ORSI, RAYMOND F. ☐ Delete  
STREET ADDRESS 8401 N.W. 21ST COURT  
CITY-ST-ZIP SUNRISE FL

TITLE PS  
NAME Raymond F. Orsi, Sr. ☒ Change ☐ Addition  
STREET ADDRESS 9000 Sheridan Street, Ste 100  
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE VD  
NAME LAWRENCE, JOANN ☒ Delete  
STREET ADDRESS 610 S.W. 67TH TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE VD  
NAME ZIMMERMAN, EDWARD J. ☒ Delete  
STREET ADDRESS 17861 S.W. 12TH COURT  
CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT  
NAME Mark A. Poffenbarger ☐ Change ☒ Addition  
STREET ADDRESS 9000 Sheridan Street, Ste 100  
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01 954431-7111

Date

Daytime Phone #

CR2E034 (10/00)

FILED  
May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90118 049 \*\*\*150.00

760602



DO NOT WRITE IN THIS SPACE