

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
 02-26-2000 90011 036 ***150.00

715965



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000057934

1. Entity Name
CENTER FOR MANAGEMENT SERVICES, INC.

Principal Place of Business

100 1ST ST NORTH BEACH
 ST AUGUSTINE FL 32095-1306

Mailing Address

406 1ST ST NORTH BEACH
 ST AUGUSTINE FL 32095-1306

2. Principal Place of Business

11001 SE Sunset Harbour Rd

3. Mailing Address

P.O. Box 500

Suite, Apt. #, etc.

#26

City & State

Summerfield, FL

Zip

34491

Country

USA

Suite, Apt. #, etc.

City & State

Summerfield, FL

Zip

34492

Country

USA

4. FEI Number

59-3413805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARCHIBALD, RALPH S
406 1ST ST NORTH BEACH
ST AUGUSTINE FL 32095-1306

7. Name and Address of New Registered Agent

Name

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

11001 SE Sunset Harbour Rd #26

City

Summerfield

FL

Zip Code

34491

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

Ralph S. Archibald, President/Owner **2-18-00**

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

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARCHIBALD, RALPH S	
STREET ADDRESS	406 1ST ST NORTH BEACH	
CITY-ST-ZIP	ST AUGUSTINE FL 32095-1306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11001 SE Sunset Harbour Rd #26	
CITY-ST-ZIP	Summerfield, FL. 34491	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph S. Archibald **3/18/00** **352-288-8011**

Date

Daytime Phone #

CR2E034 (9/99)