

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058308

1. Entity Name

MANAGEMENT SOURCE, INC.

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90019 048 \*\*\*150.00

Principal Place of Business  
 2149 LAKE MARGARET DRIVE  
 ORLANDO FL 32802

Mailing Address  
 P.O. BOX 1531  
 ORLANDO FL 32802



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3390223

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

KEMP, E DAVID

~~612 N THORNTON AVENUE~~

ORLANDO FL 32803

Name

KEMP, E DAVID

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

669 E. HIGHWAY 50

City

CLERMONT

FL

Zip Code

34711

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PVPD  
 WOMACK, PAT  
 2149 LK MARGARET DR.  
 ORLANDO FL 32806  
 OK! Sorry!

☐ Delete

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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:

*P. U. Womack* PAT WOMACK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/02 401-256-7185

Daytime Phone #

CR2E034 (9/01)