

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90854 004 \*\*\*150.00

**DOCUMENT # P97000050655**

1. Entity Name

**FINANCIAL MANAGEMENT SERVICES (FMS) OF THE TREAS**

Principal Place of Business

Mailing Address

C/O JOSEPH J. EDGE  
 932 SW BAYSHORE BOULEVARD  
 PORT ST. LUCIE FL 34983

C/O JOSEPH J. EDGE  
 932 SW BAYSHORE BOULEVARD  
 PORT ST. LUCIE FL 34983-1840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0757284**

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

**EDGE, JOSEPH J**  
**932 SW BAYSHORE BOULEVARD**  
**PORT ST. LUCIE FL 34983**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>EDGE, JOSEPH J</b>
STREET ADDRESS	<b>932 SW BAYSHORE BOULEVARD</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34983</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>OLSON, BERNARD</b>
STREET ADDRESS	<b>750 SE HOLLAHAN AVE</b>
CITY-ST-ZIP	<b>PSL FL 34983</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>OLSON, VITA</b>
STREET ADDRESS	<b>750 SE HOLLAHAN AVE</b>
CITY-ST-ZIP	<b>PSTL FL 34983</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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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
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/2000**

Date

Daytime Phone #

CR2E034 (9/99)