

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90491 011 ***150.00

DOCUMENT # P97000088628

1. Entity Name
OFFICE MANAGEMENT, INC.

Principal Place of Business
3336 FAIRBANKS GRANT RD NORTH
SUITE 1404
JACKSONVILLE FL 32223

Mailing Address
P.O. BOX 16952
JACKSONVILLE FL 32245-6952

2. Principal Place of Business
2215 ORANGEWOOD ST.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
MIDDLEBURG FL
 Zip
32068

City & State
 Zip
 Country

4. FEI Number **59-3473931**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DICKENS, KRISTIE
3336 FAIRBANKS GRANT ROAD N
SUITE 1404
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

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 *K. Dickens* **PRESIDENT K. DICKENS** **4/15/01**
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

TITLE **PVST**
 NAME **DICKENS, KRISTIE** ☐ Delete
 STREET ADDRESS **3336 FAIRBANKS GRANT RD N**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **D**
 NAME **DICKENS, KRISTIE** ☐ Delete
 STREET ADDRESS **3336 FAIRBANKS GRANT RD N**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 NAME
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2215 ORANGEWOOD ST**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

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

TITLE ☐ Change ☐ Addition
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 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: *K. Dickens* **K. DICKENS PRESIDENT** **4/15/01** **904 2734184**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)