

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2001 90024 030 ***150.00

DOCUMENT # P97000101878

1. Entity Name
C AND M MANAGEMENT SERVICES, INC.

Principal Place of Business
**12 VISCAYA DR
 PALM COAST FL 32137**

Mailing Address
**12 VISCAYA DR
 PALM COAST FL 32137**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5 VIA MARINO

Suite, Apt. #, etc.

3. Mailing Address
5 VIA MARINO

Suite, Apt. #, etc.

City & State
Palm Coast, FL

City & State
Palm Coast FL

4. FEI Number **59-3497040** Applied For
 Not Applicable

Zip **32137** Country **FLA910r** Zip **32137** Country **FLA910r**

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

6. Name and Address of Current Registered Agent
**MAXWELL, CLARK JR.
 12 VISCAYA DRIVE
 PALM COAST FL 32137**

7. Name and Address of New Registered Agent
 Name **Maxwell, Clark Jr**
 Street Address (P.O. Box Number is Not Acceptable)
5 VIA MARINO
 City **Palm Coast FL** Zip Code **32137**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	P MAXWELL, CLARK JR. 12 VISCAYA DR. PALM COAST FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Maxwell, Clark Jr. 5 VIA MARINO Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAXWELL, MARGO A 12 VISCAYA DR PALM COAST FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Maxwell, Margo A 5 VIA MARINO Palm Coast, FL 32137
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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: Clark Maxwell Jr Date: _____ Daytime Phone #: 904-447-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)