

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000441

1. Entity Name
MANAGEMENT SERVICES OF SARASOTA, INC.

Principal Place of Business
6921 ARBOR OAKS CT
BRADENTON FL 34209-7400
US

Mailing Address
6921 ARBOR OAKS CT
BRADENTON FL 34209-7400
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0803140

Applied For
Not Applicable

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

GIL, EDITO M JR
6921 ARBOR OAKS CT
BRADENTON FL 34209-7400

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, 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 D ☐ Delete
NAME EVERITT, SUSAN E
STREET ADDRESS 1025 ROSEWOOD LANE
CITY-ST-ZIP MOUNT PLEASANT SC 29464

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

TITLE PTD ☐ Delete
NAME GIL, EDITO M JR
STREET ADDRESS 6921 ARBOR OAKS CT
CITY-ST-ZIP BRADENTON FL 34209-7400

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

TITLE D ☐ Delete
NAME GIL, ISABEL R
STREET ADDRESS 4542 DEKALB AVE
CITY-ST-ZIP JAX FL 32207

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

TITLE SVD ☐ Delete
NAME GIL, KATHY D
STREET ADDRESS 6921 ARBOR OAKS CT
CITY-ST-ZIP BRADENTON FL 34209-7400

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

TITLE D ☐ Delete
NAME ALDERMAN, MARK D SR
STREET ADDRESS 3275 NEW BERLIN RD
CITY-ST-ZIP JACKSONVILLE FL 32226

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

NOTARIZATION REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
Date

941-376-0173
Daytime Phone #

CR2E034 (9/01)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90102 031 ***150.00



DO NOT WRITE IN THIS SPACE