

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003481

1. Entity Name
CORE MANAGEMENT, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90048 042 ***158.75

Principal Place of Business Mailing Address
3959 VAN DYKE RD #388 3959 VAN DYKE RD #388
LUTZ FL 33549 LUTZ FL 33549-8025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
SAME *SAME*
Suite, Apt. #, etc. Suite, Apt. #, etc.
SAME
City & State City & State
SAME
Zip Country Zip Country
SAME *USA* *SAME* *SAME*

4. FEI Number 59-3486341 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMAN, JEFFREY A
14502 N DALE MABRY HWY, SUITE 300
TAMPA FL 33618-2072

7. Name and Address of New Registered Agent
Name *SAME*
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 _____ 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.
(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	D <input type="checkbox"/> Delete
NAME	RUNYON, JERRY L
STREET ADDRESS	17501 ISBELL LANE
CITY-ST-ZIP	ODESSA FL 33556
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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
NAME	
STREET ADDRESS	
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
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]* Date: *April 22 2000* Daytime Phone #: *888-924-2113*

CR2E034 (9/99)