

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012175

1. Entity Name

FINANCIAL MANAGEMENT GROUP, INC.

FILED

May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90076 024 \*\*\*158.75

Principal Place of Business

Mailing Address

2627 MCCORMICK DRIVE SUITE 101  
CLEARWATER FL 33759-1041

2627 MCCORMICK DRIVE SUITE 101  
CLEARWATER FL 33759-1036

C0082905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2627 MCCORMICK DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

SUITE 101  
CLEARWATER, FL

Zip  
33759-1036

Country  
USA

4. FEI Number 59-3490730

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

WARGO, GARY T  
2627 MCCORMICK DRIVE SUITE 101  
CLEARWATER FL 33759-1041

Name WARGO, GARY T.  
Street Address (P.O. Box Number is Not Acceptable)  
2627 MCCORMICK DRIVE, SUITE 101  
City CLEARWATER FL 33759-1036

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 GARY T. WARGO

(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 (P) WARGO, GARY T  
NAME  
STREET ADDRESS 2627 MCCORMICK DRIVE SUITE 101  
CITY-ST-ZIP CLEARWATER FL 33759-1041

TITLE (P/T/S/C) WARGO, GARY T.  
NAME  
STREET ADDRESS 2627 MCCORMICK DRIVE, SUITE 101  
CITY-ST-ZIP CLEARWATER, FL 33759-1036

TITLE  
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CITY-ST-ZIP

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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:

GARY T. WARGO

4/26/2000

(727) 791-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)