

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

0091612 AV

DOCUMENT # P98000091178



1. Entity Name
VALUE MANAGEMENT SERVICES, INC.

04-11-2003 90191 014 ***150.00

Principal Place of Business
123 WISTERIA DRIVE
LONGWOOD FL 32779

Mailing Address
123 WISTERIA DRIVE
LONGWOOD FL 32779

SECRET



2. Principal Place of Business
119 Terrace Dr.
Suite, Apt. #, etc.

3. Mailing Address
119 Terrace Dr
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Winter Haven, FL. Winter Haven, FL.

4. FEI Number 59-3541102
Applied For
 Not Applicable

Zip Country
33884 POLIC 33884 POLIC

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

RIZZO, GUY T
114 WINTER RIDGE DRIVE
WINTER HAVEN FL 33881

Name: Joan Schmidt
Street Address (P.O. Box Number is Not Acceptable)
119 Terrace Drive
City: Winter Haven FL Zip Code: 33884

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joan Schmidt, President DATE: 4/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: SCHMIDT, JOAN
STREET ADDRESS: 351 WINTERRIDGE BLVD
CITY-ST-ZIP: WINTER HAVEN FL 33881

TITLE: Change Addition
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CITY-ST-ZIP: Change Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan Schmidt DATE: 4/9/03 863-324-7221
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)