

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030885

1. Entity Name

DAKOTA MANAGEMENT SERVICES, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90072 044 ***150.00

Principal Place of Business

Mailing Address

3333 SOUTH ORANGE AVE., STE. 217
ORLANDO FL 32806

3333 SOUTH ORANGE AVE., STE. 217
ORLANDO FL 32806-8507

2. Principal Place of Business

3. Mailing Address

3071 N. Orange Blossom Tr.

3071 N. Orange Blossom Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite M

Suite M

City & State

City & State

Orlando, FL

Orlando FL

Zip

Country

32804

USA

Zip

Country

32804

USA

4. FEI Number

59-3508593

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

CHIMELIS, KATINA

3333 SOUTH ORANGE AVE., STE. 217
ORLANDO FL 32806

Name

Katina Watson

Street Address (P.O. Box Number is Not Acceptable)

3071 N. Orange Blossom Tr. Suite M

City

Orlando

FL

Zip Code

32804

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, 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 ☐ Delete
NAME D
STREET ADDRESS CHIMELIS, KATINA
CITY-ST-ZIP 3333 SOUTH ORANGE AVE., STE. 217
ORLANDO FL 32806

TITLE ☐ Change ☐ Addition
NAME D Katina Watson, Katina
STREET ADDRESS 3071 N. Orange Blossom Tr., Suite M
CITY-ST-ZIP Orlando, FL. 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)