

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90109 004 ***158.75

DOCUMENT # P99000037803

1. Entity Name

CENTRAL MANAGEMENT SERVICES, INC.

Principal Place of Business

10714 FLORENCE AVE
 SUITE "A"
 THONOTOSASSA FL 33592

Mailing Address

10714 FLORENCE AVE
 SUITE "A"
 THONOTOSASSA FL 33592

80030040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3571956**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCOTT, WAYNE
10714 FLORENCE AVE
SUITE "A"
THONOTOSASSA FL 33592

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 _____ 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, 2001 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 | PD | <input type="checkbox"/> Delete |
| NAME | SCOTT, WAYNE | |
| STREET ADDRESS | 10714 FLORENCE AVENUE, SUITE A | |
| CITY-ST-ZIP | THONOTHOSASSA FL 33592 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | SCOTT, SUZAN | |
| STREET ADDRESS | 10714 FLORENCE AVENUE, SUITE A | |
| CITY-ST-ZIP | THONOTOSASSA FL 33592 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | KENNEDY, GARY M | |
| STREET ADDRESS | 26901 DEACON LOOP | |
| CITY-ST-ZIP | WESLEY CHAPEL FL 34249 | |
| TITLE | AVPD | <input checked="" type="checkbox"/> Delete |
| NAME | BRAUCHER, ERIC | |
| STREET ADDRESS | 39048 CARDINAL AVENUE | |
| CITY-ST-ZIP | TAMPA FL 33612 | |
| TITLE | SVPD | <input type="checkbox"/> Delete |
| NAME | STALLINGS, WILLIAM | |
| STREET ADDRESS | 4526 CLARK ROAD | |
| CITY-ST-ZIP | PLANT CITY FL 33565 | |
| 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 |
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| 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: *Wayne J. Scott*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE J SCOTT

Date

(813) 986-4240

Daytime Phone #

CR2E034 (10/00)