

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065042

1. Entity Name

MANAGEMENT SERVICES OF AMERICA INC.

FILED

Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90128 033 ***150.00

Principal Place of Business

Mailing Address

5011 N. OCEAN BLVD.
SUITE 1
OCEAN RIDGE FL 33435

5011 N. OCEAN BLVD.
SUITE 1
OCEAN RIDGE FL 33435-7354

2. Principal Place of Business

639 E. OCEAN AVE.

3. Mailing Address

639 E. OCEAN AVE

(Suite) Apt. #, etc.

204

(Suite) Apt. #, etc.

204

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0941240

Applied For

Not Applicable

Zip

33435

Country

Zip

33435

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VROUHAS, PETER
21 OCEANVIEW DRIVE
OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent

Name

PETER VROUHAS

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

639 E. OCEAN AVE, SUITE 204

City

BOYNTON BEACH

FL

Zip Code

33435

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 PETER VROUHAS

Signature, typed or printed name of registered agent and title if applicable

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4-9-00

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, SECRETARY, TREASURER
PETER VROUHAS
2612 FLORIDA BLVD.
DELRAY BEACH, FL 33483

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

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

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

TITLE ☐ Change ☐ Addition
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:

PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00 561-703-8224
Date Daytime Phone #

CR2E034 (9/99)