

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90249 017 \*\*\*150.00

**DOCUMENT # P99000065042**

**1. Entity Name**  
**MANAGEMENT SERVICES OF AMERICA INC.**



**Principal Place of Business**  
**639 E. OCEAN AVE**  
**SUITE 204**  
**BOYNTON BEACH FL 33435**

**Mailing Address**  
**639 E. OCEAN AVE**  
**SUITE 204**  
**BOYNTON BEACH FL 33435**

60012334



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0941240**

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**

**MERKLE, WILLIAM R ESQ.**  
**1901 S. CONGRESS AVE., STE. 120**  
**BOYNTON BEACH FL 33426**

Name **Kimberly L. Fishman**  
Street Address (P.O. Box Number is Not Acceptable)  
**10176 Southern Pines Place**  
**Lake Worth, FL 33467**  
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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE **Kimberly L. Fishman**  
Signature, typed or printed name of registered agent and title if applicable.

**2-19-03**

DATE

(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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **HUCKABY, JANET**  
STREET ADDRESS **7187 THOMPSON ROAD**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **P** ☐ Change ☒ Addition  
NAME **AOLER, MARSHA**  
STREET ADDRESS **8694 INDIAN RIVER RUN**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **V** ☒ Delete  
NAME **GARLEN, RICHARD A**  
STREET ADDRESS **2390 SW 11TH AVE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **YPO** ☐ Change ☒ Addition  
NAME **White, Shirley**  
STREET ADDRESS **6800 East View Drive**  
CITY-ST-ZIP **Lauderdale, FL 33462**

TITLE **S/T** ☒ Delete  
NAME **GARLEN, SHEILA M.**  
STREET ADDRESS **2390 SW 11TH AVE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **D** ☒ Change ☐ Addition  
NAME **HUCKABY, JANET**  
STREET ADDRESS **7187 THOMPSON ROAD**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**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:**

**SIGNATURE** **Janet Huckaby**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANET HUCKABY**

**(561) 752-9922**

Daytime Phone #

CR2E034 (10/02)