

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90958 001 \*\*\*150.00

83001000

DO NOT WRITE IN THIS SPACE

DOCUMENT # S38179

1. Entity Name  
 Corporation Management Services, Inc. ✓

Principal Place of Business Mailing Address  
 2720 23rd St. North 2720 23rd St. North  
 St. Petersburg, FL 33713 St. Petersburg, FL 33713  
 U.S. U.S.

|                                |         |                     |         |                                                           |  |                                |  |
|--------------------------------|---------|---------------------|---------|-----------------------------------------------------------|--|--------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number                                             |  | Applied For                    |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 59-3052942                                                |  | Not Applicable                 |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |                                                           |  |                                |  |

|                                                 |  |                                                    |  |
|-------------------------------------------------|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent |  | 7. Name and Address of New Registered Agent        |  |
| Looney, John V.                                 |  | Name                                               |  |
| 2720 23rd St. North                             |  | Street Address (P.O. Box Number is Not Acceptable) |  |
| St. Petersburg, FL 33713                        |  | 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 \_\_\_\_\_ (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                      | PTD <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Looney, John                        | NAME                                                  |                                                                   |
| STREET ADDRESS             | 2720 23rd St. North                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | St. Petersburg, FL                  | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | VSD <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Looney, David                       | NAME                                                  |                                                                   |
| STREET ADDRESS             | 2720 23rd St. North                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | St. Petersburg, FL                  | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                     | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                     | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                     | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                     | 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 John Looney 4-25-00 727-821-2261  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)