

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90005 019 ***150.00

DOCUMENT # S38179

1. Entity Name

CORPORATION MANAGEMENT SERVICES, INC.

Principal Place of Business

**2720 23RD ST NORTH
 ST. PETERSBURG FL 33713
 US**

Mailing Address

**PO BOX 13044
 ST. PETERSBURG FL 33733
 US**

2. Principal Place of Business

2600 - 22 St. N.

Suite, Apt. #, etc.

3. Mailing Address

2600 - 22 St. N.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip **33713**

Country **USA**

City & State

St. Petersburg, FL

Zip

33713

Country **USA**

4. FEI Number

59-3052942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOONEY, JOHN V
 2720 23RD ST NORTH
 ST PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name **LOONEY, JOHN V.**

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

2600 - 22 St. N.

City

St. Petersburg

FL

Zip Code

33713

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.

JOHN LOONEY PRES.

(NOTE: Registered Agent signature required when reinstating)

4-8-02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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	PTD	<input type="checkbox"/> Delete
NAME	LOONEY, JOHN	
STREET ADDRESS	2720 23RD ST NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LOONEY, DAVID	
STREET ADDRESS	2720 23RD ST NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOONEY, JOHN	
STREET ADDRESS	2600 - 22 St. N.	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOONEY, DAVID	
STREET ADDRESS	2600 - 22 St. N.	
CITY-ST-ZIP	St. Petersburg, FL - 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

JOHN LOONEY, PRES.

Date

4-8-02

Daytime Phone #

(727) 823-3455

CR2E034 (9/01)