## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## **FILED** Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # \$85100** MANAGEMENT STRATEGIES & INVESTMENTS, INC. 01-29-2001 90128 023 \*\*\*150.00 Principal Place of Business Mailing Address 4865 DAKOTA BLVD 7235 FIRST AVE SOUTH ST PETERSBURG FL 33707 BOULDER CO 80307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3087916 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VERONA LAW GROUP, P.A. Street Address (P.O. Box Number is Not Acceptable) 7235 FIRST AVENUE SOUTH ST PETERSBURG FL 33707 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE □ Delete TITLE NAME GREEN, BENJAMIN I NAME STREET ADDRESS STREET ADDRESS 4865 DAKOTA BLVD CITY-ST-ZIP CITY-ST-ZIP BOULDER CO 80304-4322 ☐ Addition TITLE ☐ Delete TITLE Change NAME OLESH, GERALD NAME STREET ADDRESS 480 S. MARION PKWY #1204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80209-2591 Delete Addition TITLE TITLE Change NAME GREEN, BEATRICE NAME STREET ADDRESS 4865 DAKOTA BLVD. STREET ADDRESS CITY-ST-ZIP BOULDER CO 80304-4322 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 received 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR