

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90008 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # V56754</b>			
1. Entity Name <b>COMMUNITY MANAGEMENT SYSTEMS, INC.</b>			
Principal Place of Business <b>3711 CORTEZ RD W S300 BRADENTON FL 34210 US</b>		Mailing Address <b>3711 CORTEZ RD W S300 BRADENTON FL 34210 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
-6. Name and Address of Current Registered Agent-		7. Name and Address of New Registered Agent	
<b>OLSON, ANN M</b> <b>3711 CORTEZ RD W</b> <b>STE 300</b> <b>BRADENTON FL 34210</b>		Name <i>Priscilla G Klein</i>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>SUITE 300</b> <b>3711 CORTEZ RD. WEST</b> <b>BRADENTON, FL 34210 FL</b>	
		City	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 <i>Priscilla G Klein</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>April 1, 2002</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
11. OFFICERS AND DIRECTORS			
TITLE	NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	<b>ASTD OLSON, ANN M</b>		
CITY-ST-ZIP	<b>3711 CORTEZ ROAD WEST BRADENTON FL</b>		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	<b>PSD NEAL, PATRICK K</b>		
CITY-ST-ZIP	<b>3711 CORTEZ RD W BRADENTON FL 34210</b>		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	<i>Priscilla G Klein</i>		
CITY-ST-ZIP	<i>3711 Cortez Rd W Bradenton FL 34210</i>		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	<i>James R. Schiew</i>		
CITY-ST-ZIP	<i>3711 Cortez Rd W Bradenton FL 34210</i>		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	<i>Steven L. Tindal</i>		
CITY-ST-ZIP	<i>3711 Cortez Rd W Bradenton FL 34210</i>		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Priscilla G Klein</i>		Date <i>4/1/02</i> Daytime Phone # <i>941 3281034</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/01)