2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 19, 2003 8:00 am Secretary of State V56754 **DOCUMENT#** 1. Entity Name 03-19-2003 90180 010 ***150.00 COMMUNITY MANAGEMENT SYSTEMS, INC. Principal Place of Business Mailing Address 3711 CORTEZ RD W 3711 CORTEZ RD W S300 \$300 **BRADENTON FL 34210** BRADENTON FL 34210 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0363978 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEIN, PRISCILLA G Street Address (P.O. Box Number is Not Acceptable) 3711 CORTEZ RD. WEST STE 300 **BRADENTON FL 34210** City 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 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. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE SHEIN, PRISCILLA G NAME HEIM, Priscilla G NAME 3711 CORTEZ RD. W. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP **PSTD** TITLE PITIAS D TITLE ☐ Delete Change ☐ Addition SCHIEN JAMES R NAME NAME Schier, James R 3711 CORTEZ RD W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34210. CITY-ST-ZIP --**VPAD** TITLE ☐ Delete TITLE Change ☐ Addition NAME TENDEL STEVEN L NAME STREET ADDRESS 3711 CORTEZ RD W TindAL, Steven L. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

with an address, with all other like empowered.

PRISCILLA G. HEIM

12. Thereby 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

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