

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90115 032 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000007539		
1. Entity Name SYSTEMS MANAGEMENT SERVICES, INC.		
Principal Place of Business 742 MELLOWOOD AVE. ORLANDO, FL 32825		Mailing Address 742 MELLOWOOD AVE. ORLANDO, FL 32825
2. Principal Place of Business 4902 S 46th PI State, Apt. #, etc.	3. Mailing Address 4902 S 46th PI State, Apt. #, etc.	<input type="checkbox"/> CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3691604 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State Rogers, AR	City & State Rogers, AR	
Zip 72758 Country USA	Zip 72758 Country USA	
6. Name and Address of Current Registered Agent MOORE, BEN H 120 N. MAYLAND AVENUE MAYLAND, FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 720 N. mayland, ste 105 City mayland FL Zip Code 32751
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 _____		DATE _____
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D FOLKES, DANNY L 742 MELLOWOOD AVE. ORLANDO, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 4902 S 46th Place Rogers, AR 72758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.		
SIGNATURE:		4-11-03 479-366-7144

Address correction only

CH22504 (10/02)