

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90260 001 ***150.00
 02-07-2002 90260 002 *****8.75

DOCUMENT # P97000036338

1. Entity Name
CONTRACT MANAGEMENT SOLUTIONS, INC.

Principal Place of Business
3586 ALOMA AVENUE, SUITE 10
WINTER PARK FL 32792

Mailing Address
3586 ALOMA AVENUE, SUITE 10
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address
c/o American Information

Suite, Apt. #, etc.

Suite, Apt. #, etc. **Services, Inc.**
255 S. Orange Ave., 17th Floor

City & State

City & State
Orlando, Florida

4. FEI Number
59-3470621

Applied For
 Not Applicable

Zip

Country

Zip
32801

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOON, WALTER R.
200 NORTH PRIMROSE DRIVE
ORLANDO FL 32803

Name
American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
255 South Orange Avenue, 17th Floor

City
Orlando

FL

Zip Code
32801

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 *James S. Keefner* **James S. Keefner,** **February 4, 2002**
 Assistant Secretary

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
 NAME
ROSBURY, STEVEN L
 STREET ADDRESS
1560 SHADY OAKS DR
 CITY-ST-ZIP
KISSIMMEE FL 34744

☐ Delete

TITLE
S/T
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Steven L. Rosbury* **Steven L. Rosbury, President 2/4/02 (407) 478-0250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)