

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -3 AM 10:43

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

WJ 4/19



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000001164
1. Entity Name
CMB CAPITAL, LLC

Principal Place of Business
**2841 COBBLESTONE DRIVE
PALM HARBOR FL 34684**

Mailing Address
**2841 COBBLESTONE DRIVE
PALM HARBOR FL 33607-1462**

2. Principal Place of Business
Suite 1120
Suite, Apt. #, etc.
7650 W Courtney Campbell Cswy

3. Mailing Address
Suite 1120
Suite, Apt. #, etc.
7650 W Courtney Campbell Cswy

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
59-3559961

Applied For
 Not Applicable

Zip
33607

Country
USA

Zip
33607

Country
USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BIDDINGER, CLAY M
2841 COBBLESTONE DRIVE
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name
(same name)

Street Address (P.O. Box Number is Not Acceptable)
7650 W. Courtney Campbell Causeway

Suite 1120

City
Tampa

FL Zip Code
33607

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIDDINGER, CLAY M 2841 COBBLESTONE DRIVE PALM HARBOR FL 34684 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003219502-2 -04/24/00-01023-005 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **REQUIRED** **3/28/00** **813/387-4087**
Signature and typed or printed name of signing managing member or manager Date Daytime Phone #

CR2E083 (9/99)