

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

01 JUN 19 PM 1:44

DOCUMENT # P96000087439
1. Entity Name
CMH SERVICES INC.

Principal Place of Business Mailing Address
545 MARINA POINT DRIVE 545 MARINA POINT DRIVE
DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114

2. Principal Place of Business 3. Mailing Address
376 S. Yonge Street 376 S. Yonge Street

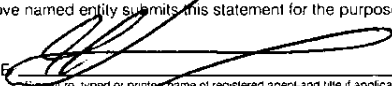
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ormond Beach, FL Ormond Beach, FL

Zip Country Zip Country
32174 USA 32174 USA

DO NOT WRITE IN THIS SPACE
REINSTATEMENT 07-01
Applied For
 Not Applicable
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
CORPORATION SERVICE COMPANY YVON M. TESSIER
1201 HAYS STREET 376 South Yonge Street
TALLAHASSEE, FL 32301-2525
City Ormond Beach FL Zip Code 32174

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  06/18/01
Yvon M. Tessier, Secretary (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. **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	HALL, CHARLES M. (PD) <input type="checkbox"/> Delete 376 S. Yonge Street Daytona Beach, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TESSIER, YVON M. (SD) <input type="checkbox"/> Delete 376 Yonge Street Daytona Beach, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004447208-4 -06/27/01--01021--013 ***1350.00 ***1350.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004447208-4 -06/27/01--01021--014 ***1350.00 ***1350.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  06/18/01 904-672-9442
Yvon M. Tessier, Secretary Date Daytime Phone #

CR2E034 (11/00)