

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033108

1. Entity Name

C.M.R.S. INCORPORATED

Principal Place of Business

Mailing Address

4690 35TH AVENUE N.  
ST. PETERSBURG FL 33713

4690 35TH AVENUE N.  
ST. PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, CHRISTOPHER M  
4690 35TH AVENUE N.  
ST. PETERSBURG FL 33713

Name Christina M. Esposito

Street Address (P.O. Box Number is Not Acceptable)

4690 35th Avenue North

City St. Petersburg

FL

Zip Code 33713

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

Christina M. Esposito *Christina M. Esposito* 4/28/01

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, 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 D  
NAME MILLS, CHRISTINA  
STREET ADDRESS 4690 35TH AVENUE N.  
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President  
NAME Christina M. Esposito  
STREET ADDRESS (Same)  
CITY-ST-ZIP

TITLE Vice President  
NAME JOSEPH ESPOSITO  
STREET ADDRESS 4690 35th Ave. N., St. Pete, FL  
CITY-ST-ZIP 33713

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Christina M. Esposito*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/01 (727) 526-8800



DO NOT WRITE IN THIS SPACE

0008231

CR2E034 (10/00)

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90971 020 \*\*\*150.00