2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003
Secretary of State

DOCUMENT# 368735

Entity Name: C.P.M. OF GAINESVILLE, INC.

Current Principal Place of Business:

P. O. BOX 1309
1101 SE 15TH STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

235 S.W. 11TH PLACE
GAINESVILLE, FL 32601

Current Mailing Address:

P. O. BOX 1309
1101 SE 15TH STREET
GAINESVILLE, FL 32601

New Mailing Address:

P. O. BOX 1309
GAINESVILLE, FL 32602

FEI Number: 59-1482065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE LOSEN, WELLS S
7520 NW 18TH AVE.
GAINESVILLE, FL 32605

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THE LOSEN, WELLS S.
Address: 7520 NW 18TH AVE
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WELLS THE LOSEN PD 02/18/2003

Electronic Signature of Signing Officer or Director — Date