

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90126 006 ***150.00

DOCUMENT # 598608

1. Entity Name
CFM 5508, INC.



Principal Place of Business
**1629 N HIGHLAND AVE
% RAINBOW FOOD MART
CLEARWATER FL 34615-2700**

Mailing Address
**1629 N HIGHLAND AVE
% RAINBOW FOOD MART
CLEARWATER FL 34615-2700**

2. Principal Place of Business
1385 LADY MARION LANE

3. Mailing Address
1582 BELLEAIR ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DUNEDIN, FL

City & State
CLEARWATER, FL

4. FEI Number **59-1868026**

Applied For
Not Applicable

Zip
34698

Country

Zip
33756

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HEDMAN, WILLIAM F.
1582 BELLEAIR ROAD
CLEARWATER FL 33516**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HEDMAN, WILLIAM F.**
STREET ADDRESS **1582 BELLEAIR RD.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **S** ☐ Delete
NAME **HEDMAN, DONNA L.**
STREET ADDRESS **1582 BELLEAIR RD.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature Required

4-24-03 827-447-4432

CR2E034 (10/02)