

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30015**

1. Entity Name

CMT HOLDING, LTD.

Principal Place of Business

**SOUTH PARK PLACE BLVD., SUITE 150
CLEARWATER FL 33759**

Mailing Address

**SOUTH PARK PLACE BLVD., SUITE 150
CLEARWATER FL 33759**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3003104

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

**POWERS, JILL F ESQ
19353 US HIGHWAY 19 NORTH
SUITE 100
CLEARWATER FL 34624**

Name

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

**300 S. PARK PLACE BLD.,
SUITE 150**

City

CLEARWATER

FL

33759

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,198,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L66850**
NAME **CMT HOLDINGS, INC.**
STREET ADDRESS **19353 US HIGHWAY 19 NORTH**
CITY - ST - ZIP **CLEARWATER FL 34624**

STREET ADDRESS

300 S. PARK PLACE BLD. #150

CITY - ST - ZIP

CLEARWATER FL 33759

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CITY - ST - ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature: STEVEN E. W. WILSON A. STICCO 4-10-00 777 1738887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER FOR CMT Holdings, Inc. Date Daytime Phone #

FILED

00 MAY -8 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CP2E 001 (5/1/00)