

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90138 011 ***150.00

DOCUMENT # F01000004778

1. Entity Name

CM&D INTL, INC.

Principal Place of Business

**239 MERCHANT ST., STE 100
HONOLULU HI 96813**

Mailing Address

**239 MERCHANT ST., STE 100
HONOLULU HI 96813**

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

99-0289198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAYES, BYRON
200 EAST ROBINSON ST., STE 1100
ORLANDO FL 32801**

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.

SIGNATURE

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, 2002 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

TITLE **PCD** ☐ Delete
NAME **SALTER, JAMES B**
STREET ADDRESS **239 MERCHANT ST., STE 100**
CITY-ST-ZIP **HONOLULU HI**

TITLE **S** ☐ Delete
NAME **KEEVER, PATRICIA**
STREET ADDRESS **2746 KALA WAO ST.**
CITY-ST-ZIP **HONOLULU HI**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C/CEO** ☒ Change ☐ Addition
NAME **Salter James B**
STREET ADDRESS **239 Merchant St. Ste 100**
CITY-ST-ZIP **Honolulu HI 96813**

TITLE **CFO** ☒ Change ☐ Addition
NAME **Keever Patricia**
STREET ADDRESS **2746 Kalawao St.**
CITY-ST-ZIP **Honolulu, HI 96822**

TITLE **P** ☐ Change ☒ Addition
NAME **Gamble Stanley**
STREET ADDRESS **1330 Ala Moana Blvd. #701**
CITY-ST-ZIP **Honolulu, HI 96814**

TITLE **COO** ☐ Change ☒ Addition
NAME **Gomes James**
STREET ADDRESS **1585 Ulukou St.**
CITY-ST-ZIP **Kailua, HI 96734**

TITLE **S/T** ☐ Change ☒ Addition
NAME **Tilton Aileen**
STREET ADDRESS **75-324 Hoene St.**
CITY-ST-ZIP **Kailua-Kona, HI 96740**

TITLE **Vice C** ☐ Change ☐ Addition
NAME **Cooper Peter**
STREET ADDRESS **977 Alahaki St**
CITY-ST-ZIP **Kailua, HI 96734**

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: Patricia Keever REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 808.523.7710

Date

Daytime Phone #

CR2E034 (9/01)