


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90112 036 ***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	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent	
HAYES, BYRON 200 EAST ROBINSON ST., STE 1100 ORLANDO FL 32801	
101 Sweetwater CV 30. Longwood, FL 32779	

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	DATE
	3/18/03

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD	TITLE	
NAME	SALTER, JAMES B	NAME	
STREET ADDRESS	239 MERCHANT ST., STE 100	STREET ADDRESS	
CITY-ST-ZIP	HONOLULU HI	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	KEEVER, PATRICIA	NAME	
STREET ADDRESS	2746 KALA WAO ST.	STREET ADDRESS	
CITY-ST-ZIP	HONOLULU HI	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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	3-5-03	208.523.7710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (10/02)