

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90364 011 ***150.00

DOCUMENT # F01000004963

1. Entity Name
CM HOLDINGS, INC.



Principal Place of Business
**100 LIGHT STREET
BALTIMORE MD 21202**

Mailing Address
**100 LIGHT STREET
BALTIMORE MD 21202**



2. Principal Place of Business

100 Light Street

Suite, Apt. #, etc.

23rd Floor - Legal

City & State

Baltimore, MD

Zip
21202

Country
US

3. Mailing Address

100 Light Street

Suite, Apt. #, etc.

23rd Floor - Legal

City & State

Baltimore, MD

Zip
21202

Country
US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2324948**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GALLAGHER, LISA K
8889 PELICAN BAY BLVD., STE 500
NAPLES FL 34108-7512**

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

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 **POWERS, GREGG**
STREET ADDRESS **8889 PELICAN BAY BLVD, STE 500**
CITY-ST-ZIP **NAPLES FL**

TITLE **V** ☒ Delete
NAME **GALLAGHER, LISA**
STREET ADDRESS **8889 PELICAN BAY BLVD, STE 500**
CITY-ST-ZIP **NAPLES FL**

TITLE **ST** ☐ Delete
NAME **JOYCE, DAVID G**
STREET ADDRESS **8889 PELICAN BAY BLVD, STE 500**
CITY-ST-ZIP **NAPLES FL**

TITLE **CD** ☐ Delete
NAME **BAIN, PETER**
STREET ADDRESS **100 LIGHT STREET**
CITY-ST-ZIP **BALTIMORE MD**

TITLE **D** ☐ Delete
NAME **MASON, RAYMOND**
STREET ADDRESS **100 LIGHT STREET**
CITY-ST-ZIP **BALTIMORE MD**

TITLE **D** ☐ Delete
NAME **SCHEVE, TIMOTHY**
STREET ADDRESS **100 LIGHT STREET**
CITY-ST-ZIP **BALTIMORE MD**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President, Director** ☒ Change ☐ Addition
NAME **Powers, Gregg**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE **Bruce S. Sherman** ☐ Change ☒ Addition
NAME **Director, CEO**
STREET ADDRESS **8889 Pelican Bay Blvd., Suite 500**
CITY-ST-ZIP **Naples, FL 34108**

TITLE **Secretary, Treasurer, COO** ☒ Change ☐ Addition
NAME **David G. Joyce**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

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

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

TITLE ☐ Change ☐ Addition
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

410-454-3227

Date

Daytime Phone #

CR2E034 (10/02)