

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000005748**

1. Entity Name

CMS EQUIPMENT GROUP, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90105 031 ***158.75

Principal Place of Business

3206 SOUTH HOPKINS AVE., STE. 217
TITUSVILLE FL 32780

Mailing Address

3206 SOUTH HOPKINS AVE., STE. 217
TITUSVILLE FL 32780-5667

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **58-2268726**

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

CHURCH, BILLY J
3206 SOUTH HOPKINS AVE., STE. 217
TITUSVILLE FL 32780

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CP						
	CHURCH, BILLY J	3206 SOUTH HOPKINS AVE., STE. 217	TITUSVILLE FL 32780				
	CST						
	CHURCH, ELIZABETH ANN	3206 SOUTH HOPKINS AVE., STE. 217	TITUSVILLE FL 32780				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/20

Date

321-427-5827

Daytime Phone #