Mar 21, 2000 8:00 am Secretary of State 03-21-2000 90003 031 ***150.00 DO NOT WRITE IN THIS SPACE Applied For 59-2293856 Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent

Zip Code

\$5.00 May Be

Added to Fees

Fl

DATE

10. Election Campaign Financing

Trust Fund Contribution.

2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # G33957** 1. Entity Name CM MARKETING, INC. Mailing Address Principal Place of Business 27441 MILLER RD. 27441 MILLER RD. DADE CITY FL 33525-7642 DADE CITY FL 33525 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State Country Zip Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name

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.

Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition CR2F0:34 (9/90) TITLE ☐ Delete TITLE MARSHBURN, NORMAN B. NAME NAME 27441 MILLER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DADE CITY FL 33525 ☐ Change ☐ Addition ☐ Delete TITLE MARSHBURN, DEBRA A. NAME NAMÉ 27441 MILLER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DADE CITY FL 33525 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

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

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.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Delete

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

MARSHBURN, NORMAN B.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

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

27441 MILLER ROAD DADE CITY FL 33525

☐ Change

Change

Addition

☐ Addition