


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90077 042 ***150.00

DOCUMENT # G53404

1. Entity Name
CBMB, INC.



Principal Place of Business
**3010 S 3RD ST STE A
JACKSONVILLE BEACH FL 32250**

Mailing Address
**3010 S 3RD ST STE A
JACKSONVILLE BEACH FL 32250**



2. Principal Place of Business
116 CAMINO TR

3. Mailing Address
116 CAMINO TR

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
PONTE VEDRA BEACH

City & State
PONTE VEDRA BCH, FL

4. FEI Number **59-2311421** Applied For
Not Applicable

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

Zip **32082** Country **ST JHNS** Zip **32082** Country **ST JHNS**

6. Name and Address of Current Registered Agent

PATTERSON, LAWRENCE R.
3010 S THIRD ST STE A
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name **ROBERT L. HORINE**

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

City **PONTE VEDRA BEACH** FL Zip Code **32082**

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]* **ROBERT L. HORINE** DATE **4/16/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	HORINE, ROBERT L	
STREET ADDRESS	116 CAMINO TRAIL	
CITY-ST-ZIP	PONTE VEDRA BCH, FL00000	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HORINE, CYNTHIA T	
STREET ADDRESS	116 CAMINO TRAIL	
CITY-ST-ZIP	PONTE VEDRA BCH, FL00000	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, LAWRENCE R	
STREET ADDRESS	3010 S 3RD ST. STE A	
CITY-ST-ZIP	JACKSONVILLE BCH, FL00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **REQUIRE PRESIDENT** DATE **4/16/03** DAYTIME PHONE # **904-285-7333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)