

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90834 019 ***158.75

04/08/02 AV

DOCUMENT # G73057

1. Entity Name

CMG DEVELOPMENT, INC.

Principal Place of Business

**198 SPRINGS LAKE BLVD
 PORT CHARLOTTE FL 33952
 US**

Mailing Address

**P. O. BOX 3024
 PO BOX 3024
 PORT CHARLOTTE FL 33949-3024
 US**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 494616
 Suite, Apt. #, etc.
 P.O. Box 494616**

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

Zip

Country

33949-4616

Country

USA

4. FEI Number

59-2353735

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SOPKO, CHARLOTTE L
 198 SPRINGS LAKE BLVD
 PORT CHARLOTTE FL 33952**

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.

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **SOPKO, CHARLOTTE L**
 STREET ADDRESS **198 SPRINGS LAKE BLVD**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **ST** ☐ Delete
 NAME **HUMMEL, EVELYN**
 STREET ADDRESS **34210 ROSA LN**
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Date

Daytime Phone #

CHARLOTTE L. SOPKO 3/17/02 941-743-8517

CR2E034 (9/01)