

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **673156**

1. Entity Name
C.M.'S PLACE INC. ✓

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90135 029 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

10754 70TH AVE. N.

Suite, Apt. #, etc.

3. Mailing Address

11578 TRADEWINDS BLVD

Suite, Apt. #, etc.

City & State

SEMINOLE, FL.

City & State

LARGO, FL.

4. FEI Number

59-2365281

Applied For

Not Applicable

Zip

Country

34642

PINELLAS

Zip

Country

33773

PINELLAS

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES W. LEE
11578 TRADEWINDS BLVD.
LARGO, FL.

(34643) CHANGE ZIP code

7. Name and Address of New Registered Agent

Name **JAMES W. LEE**
Street Address (P.O. Box Number is Not Acceptable) **11578 TRADEWINDS BLVD**
City **LARGO** FL Zip Code **33773**

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

James W. Lee (JAMES W. LEE)

3-9-00

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRES** ☐ Delete
NAME **CLIFTON M. LEE SR.**
STREET ADDRESS **11246 68TH AVE N.**
CITY-ST-ZIP **SEMINOLE FL 34642**

TITLE **VP** ☐ Delete
NAME **CLIFTON M. LEE JR.**
STREET ADDRESS **7590 PINE VALLEY LANE**
CITY-ST-ZIP **SEMINOLE, FL. 33776**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **x**

Clifton M. Lee by James W. Lee ATTORNEY IN FACT 3-9-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)