

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90070 027 ***150.00

DOCUMENT # G73156

1. Entity Name
CM'S PLACE, INC.

Principal Place of Business
**10754 70 AVENUE N
 SEMINOLE FL 34642
 US**

Mailing Address
**11578 TRADEWINDS BLVD
 LARGO FL 33773**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2365281**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**LEE, JAMES W
 11578 TRADEWINDS BLVD.
 LARGO FL 33773**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **LEE, CLIFTON M**
 STREET ADDRESS **11246 68TH AVE N**
 CITY-ST-ZIP **SEMINOLE FL 34642**

Change Addition

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

TITLE **P/S/T** Change Addition
 NAME **LEE, CLIFTON M. LEE JR**
 STREET ADDRESS **7590 PINE VALLEY LN.**
 CITY-ST-ZIP **SEMINOLE, FL. 3377**

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

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 an other like empowered.

SIGNATURE: **X**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01 (727) 391-2065
 Date Daytime Phone #

CR2E034 (10/00)