2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H05497

1. Entity Name

CMSB ENTERPRISES OF FLORIDA, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90054 031 ***150.00

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Suite, Agil, if, old. Suite, Agil, if, old. Suite, Agil, if, old. Suite, Agil, if, old. City & State City & State City & State Country Country Country S. Certificate of Status Desired \$8,75 Additional Fee Required	% PEOPLES BANK, CORP. TAX DEPT. 850 MAIN ST., 15-586			% PEOPLES BANK, CORP. TAX DEPT. 850 MAIN ST., 15-586				
City & State Country Country Country Country Country Country S. Certificate of Status Desired Feequared Feequared Feequared Feequared Feequared Feeduared F	2. Principal Place of Business			3. Mailing Address				
Zip Country Zip Country S. Certificate of Status Desired See Reputate 6. Name and Address of Ourrant Registered Agent 7. Name and Address of New Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS 1. TALLAHASSEE FL 32301 City FL Zip Code 8. The above named onthy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florido. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florido. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florido. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florido. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florido. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florido. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florido. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florido. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florido. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florido. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florido. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florido. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florido. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florido. FILE NOW!! FEE IS \$150.00 After May 1, 2002 Fee with the State of Florido Peer Agent agreed agent, or both,	Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
Serious and Address of Current Registered Agent For Name and Address of Current Registered Agent For Required F	City & State			City & State			U0"1114100	
FRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. 1201 HAYS S	Zip Country		Zip Countr		ntry	5. Certificate of Status Desired \$8.75 Additional		
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. TALLAHASSEE FI. 32301 City City FL Zip Code City City FL Zip Code City City		6. Name	and Address of Current	Registered Agent				
Street Address (P.O. Box Number is Not Acceptable)	PRENTICE-HALL CORPORATION SYSTEM, INC.							
TALLAHASSEE FL 32301 6. The aboven named antity authrits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the proper of Florida. I am familiar with, and accept the proper of Florida. I am familiar with, and accept the proper of Florida. I am familiar with, and accept the proper of Florida. I am familiar with, and accept the proper of Florida. I am familiar with, and accept the proper of Florida. I am familiar wit						Street Address	(P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature Signat			301					
SIGNATURE FILE NOW!!! FEE IS \$150.00						1	FL '	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	ine obligations of registered agent.							
After May 1, 2003 Fee will be \$55,0.00 May Be Make Check Payable to Florida Department of State 10.		Signature, typed o	r printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature required	d when reinstating) DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE PRESTOVAN, PETER M. 850 MAIN ST. STREET ADDRESS CITY-ST-ZIP TITLE VP BODOR, DAVID. STREET ADDRESS	After May 1, 2003 Fee will be \$550.00							
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BRESTOVAN, PETER M. STREET ADDRESS CITY-ST-ZIP BRIDGEPORT CT 06604 VP BODOR, DAVID. STREET ADDRESS CITY-ST-ZIP BRIDGEPORT CT 06604 TITLE BODOR, DAVID. STREET ADDRESS CITY-ST-ZIP BRIDGEPORT CT 06604 TITLE BODOR, DAVID. STREET ADDRESS CITY-ST-ZIP TITLE SEC LEWIS, LYNDA STREET ADDRESS CITY-ST-ZIP BRIDGEPORT CT 06604 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY	NAME STREET ADORESS	850 MAIN :	ST.	☐ Delete	NAME STREE	ET ADDRESS	···	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREE		☐ Change ☐ Addition	

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 SIGNATURE:

SIGNATURE

1/7/03 Date 203-338- Wool