

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90096 014 ***150.00

0562101 AV

DOCUMENT # H76269

1. Entity Name
CPM SERVICES, INC.



Principal Place of Business
9232 DENTON AVE.
HUDSON FL 34667

Mailing Address
9232 DENTON AVE.
HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2579748**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAYNE, LESLIE J
8014 ISLAND DR
PORT RICHEY FL 34668

Name
PAYNE, LESLIE J
Street Address (P.O. Box Number is Not Acceptable)
9232 DENTON AVE.
City
HUDSON **FL** Zip Code
34667

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 *Leslie Payne*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4/25/03
DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTS** ☐ Delete
NAME **PAYNE, LESLIE J**
STREET ADDRESS **8014 ISLAND DR**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE **PVTS** ☒ Change ☐ Addition
NAME **PAYNE, LESLIE J**
STREET ADDRESS **9232 DENTON AVE**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **SCD** ☐ Delete
NAME **PAYNE, LESLIE**
STREET ADDRESS **8014 ISLAND DR.**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE **SCD** ☒ Change ☐ Addition
NAME **PAYNE, LESLIE J**
STREET ADDRESS **9232 DENTON AVE.**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Leslie Payne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 **727-863-7539**
Date Daytime Phone #

CR2E034 (10/02)