

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L66850

1. Entity Name

CMT HOLDINGS, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90176 009 ***150.00

Principal Place of Business

Mailing Address

ATT E KLEMENTS

ATTN E KLEMENTS

~~10953 US HWY 19 N S100~~

~~P O BOX 6600~~

CLEARWATER FL 33764

CLEARWATER FL 33758-6600

US

US

2. Principal Place of Business

3. Mailing Address

300 S. PARK PLACE BLVD.

300 S. PARK PLACE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

150

SUITE 150

City & State

City & State

CLEARWATER FL

CLEARWATER FL

Zip

Country

Zip

Country

33759

US

33759

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER POWERS, JILL E

~~10953 US 19 N~~

~~SUITE 100~~

CLEARWATER FL 34624

Name

Street Address (P.O. Box Number is Not Acceptable)

300 S. PARK PLACE BLVD., SK. 150

City

CLEARWATER

FL

Zip Code

33759

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME COPE, RICHARD W.
STREET ADDRESS ~~10953 US HWY 19 N S100~~
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 300 S. PARK PLACE BLVD. #150
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ~~VP~~ ☐ Delete
NAME MUELLER, JAMES G.
STREET ADDRESS 7100 W. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33319

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

TITLE DS ☐ Delete
NAME TOOKE, EDWIN C.
STREET ADDRESS ~~10953 US HWY 19 N S100~~
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 300 S. PARK PLACE BLVD, SK. 150
CITY-ST-ZIP CLEARWATER FL 33759

TITLE TAS ☐ Delete
NAME STICCO, LEWIS A
STREET ADDRESS ~~10953 US HWY 19 N S100~~
CITY-ST-ZIP CLEARWATER FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 300 S. PARK PLACE BLVD, #150
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Signature of Lewis A. Sticco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00 777-7738887
Date Daytime Phone #

CR2E034 (9/99)