FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90046 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000012313

1. Entity Name
CGMHP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1951 LAKE DAISY RD	29605 US 19
Suite, Apt. #, etc. W	Suite, Apt. #, etc. 130
City & State WINTER HAVEN FL	City & State CLEARWATER FL
Zip 33884 Country USA	Zip 33761 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3642744 (Applied For / Not Applicable)

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ANDREW REIFF

Street Address (P.O. Box Number is Not Acceptable)
135 W CENTRAL BLVD #720

City ORLANDO FL Zip Code 32801

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1st thru May 1st Fee is $150.00
After May 1st and before December 31st Fee is $400.00
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	D
NAME	THOMAS E PEASE
STREET ADDRESS	29605 US 19 #130
CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	VDTS
NAME	ELIZABETH BRANTON
STREET ADDRESS	3301 AVE G NW
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	PD
NAME	GEORGE BRANTON
STREET ADDRESS	3301 AVE G NW
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E042 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas E Pease THOMAS PEASE DIR 4/22/02 727-785-7460

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Date — Daytime Telephone Number