

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-02-2003 90209 004 ***150.00

NR00101 AV

DOCUMENT # P00000034230

1. Entity Name
CRITICAL MASS MANAGEMENT GROUP, INC.



Principal Place of Business
**1342 CITIZENS BLVD.
LEESBURG FL 34748
US**

Mailing Address
**PO BOX 490773
LEESBURG FL 34749
US**

2. Principal Place of Business

104 S. Old Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

5545 Grove Manor
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Lady Lake FL 32159

City & State

Lady Lake FL

4. FEI Number

59-3646223

Applied For

☐ Not Applicable

Zip

32159

Country

USA

Zip

32159

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUCHANAN, PATRICK R
1342 CITIZENS BLVD
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patrick Buchanan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/03
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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BUCHANAN, PATRICK R**
STREET ADDRESS **1342 CITIZENS BLVD** *104 S. Old Dixie Hwy*
CITY-ST-ZIP **LEESBURG FL 34748** *Lady Lake FL 32159*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Patrick Buchanan* **President** 4/30/03 **407-227-6943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)