

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90002 050 ***150.00

DOCUMENT # P00000049127

1. Entity Name
CDHM CONSTRUCTION & DEVELOPMENT, INC.

Principal Place of Business **Mailing Address**
1351 N COURTENAY PARKWAY SUITE B-B **1351 N COURTENAY PARKWAY SUITE B-B**
MERRITT ISLAND FL 32953 **MERRITT ISLAND FL 32953**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
585 N. Courtenay Pkwy. **585 N. Courtenay Pkwy.**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
Suite 101 **Suite 101**

City & State **City & State**
Merritt Island, FL **Merritt Island, FL**

Zip **Country** **Zip** **Country**
32953 **USA** **32953** **USA**

4. FEI Number **59-3649305** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLA, INC
390 NORTH ORANGE AVENUE SUITE 1100
ORLANDO FL 32801

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	HARTMAN, MICHAEL
STREET ADDRESS	1351 N COURTENAY PARKWAY SUITE B-B
CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	D <input type="checkbox"/> Delete
NAME	PACE, DONALD
STREET ADDRESS	1351 N COURTENAY PARKWAY SUITE B-B
CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	Change all addresses <input type="checkbox"/> Delete
NAME	to: 585 N. Courtenay Pkwy
STREET ADDRESS	Suite 101
CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael A. Hartman, V.P.* **4/27/02** **321-453-2930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)