

# 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 1351 N COURTENAY PARKWAY SUITE B-B MERRITT ISLAND FL 32953	Mailing Address 1351 N COURTENAY PARKWAY SUITE B-B MERRITT ISLAND FL 32953
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>585 N. Courtenay Pkwy.</i>	3. Mailing Address <i>585 N. Courtenay Pkwy.</i>
Suite, Apt. #, etc. <i>Suite 101</i>	Suite, Apt. #, etc. <i>Suite 101</i>

City & State <i>Merritt Island, FL</i>	City & State <i>Merritt Island, FL</i>
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4. FEI Number <b>59-3649305</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <i>32953</i>	Country <i>USA</i>	Zip <i>32953</i>	Country <i>USA</i>
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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 \_\_\_\_\_ (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.

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

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.* **DATE REQUIRED** *4/27/02* **DAYTIME PHONE #** *321-453-2930*

CR2E034 (9/01)