2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

D

1.

City & State

Zip

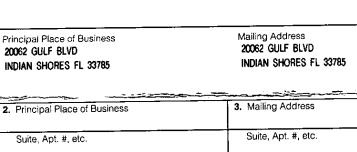
E



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90196 025 ***150.00

OCUMENT #	P00000067674	
Entity Name CRM ASSOCIATES, IN	NC.	



☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State 59-3664219 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)

CAREY, CHARLE C 20062 GULF BLVD **INDIAN SHORES FL 33785**

		Lat Was Chat at Clasido	Lam tomiliar with, and accept
8.	The above named entity submits this statement for the purpose of changing its register	red office or registered agent, or both, in the State of Florida.	Taili laililliai Willi, alid accept
	the obligations of registered agent.		

City

the obligations of re	gistered agent.		
SIGNATURE	yped or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOWILL FEE. IS \$150.00. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change Delete TITLE TITLE CAREY, CHARLES C NAME NAME STREET ADDRESS 20062 GULF BLVD STREET ADDRESS INDIAN SHORES FL 33785 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition C Calaba

NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		.,,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		` .	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete ~ ·	NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		- Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition

CITY-ST-ZIP 12. I hereby certify that he information supplied with this filling 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 supplies ental leport 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 of 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.

CITY-ST-ZIP

SIGNATURE