

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073049

1. Entity Name

CMG SOLUTIONS, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90092 017 ***150.00

Principal Place of Business

800 FIRST ST.
MERRITT ISLAND FL 32953

Mailing Address

800 FIRST ST.
MERRITT ISLAND FL 32953

2. Principal Place of Business

2460 N. COURTESY PKWY.
Suite, Apt. #, etc.
110

3. Mailing Address

2460 N. COURTESY PKWY.
Suite, Apt. #, etc.
110



DO NOT WRITE IN THIS SPACE

City & State
MERRITT ISLAND, FL.

City & State
MERRITT ISLAND, FL.

4. FEI Number 52-2256436 Applied For
Not Applicable

Zip Country
32953 USA

Zip Country
32953 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBERS, CATHERINE M
800 FIRST ST.
MERRITT ISLAND FL 32953

Name
Street Address (P.O. Box Number is Not Acceptable)
2460 N. COURTESY PARKWAY
#110
City MERRITT ISLAND FL Zip Code 32953

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 CATHERINE CHAMBERS, DIR. DATE 04/27/01
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBERS, CATHERINE M	
STREET ADDRESS	800 FIRST ST.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALE K. THOMAS	
STREET ADDRESS	765 CITRUS BLVD.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIMOTHY J. MURRAY	
STREET ADDRESS	2107 HIDDEN GROVE LAKE #33A	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: CATHERINE CHAMBERS DATE 04/27/01 DAYTIME PHONE # 321/4525859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/00)