02

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC -9 PM 3:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000009422430
12/09/02--01085--003 **61.25

DOCUMENT # P00000073049

1. Entity Name

CMG Solutions, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1175 North Courtenay Parkway	SAME
Suite, Apt. #, etc.: 4-B	Suite, Apt. #, etc.:
City & State: Merritt Island, Florida	City & State:
Zip: 32953 Country: USA	Zip: Country:

4. FEI Number: 52-2256436 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Catherine M. Chambers

Street Address (P.O. Box Number is Not Acceptable): 605 Limerick Drive

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (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) ☐

January 1 thru May 1 Fee is $150.00
After May 1 Fee is $300.00
Amended Date is $61.25
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	Director
NAME	Catherine M. Chambers
STREET ADDRESS	605 Limerick Drive
CITY-ST-ZIP	Merritt Island, Florida 32953
TITLE	Director
NAME	Timothy J. Murray
STREET ADDRESS	605 Limerick Drive
CITY-ST-ZIP	Merritt Island, Florida 32953
TITLE	Director
NAME	Nelson Serrate
STREET ADDRESS	2110 Santa Lucia Circle
CITY-ST-ZIP	Melbourne, Florida 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Catherine M. Chambers 12/04/2002 321-452-5859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/10