

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90299 038 \*\*\*150.00

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**DOCUMENT # P00000088885**

1. Entity Name  
**CBME HOSPITALITY, INC.**

Principal Place of Business  
**1055 PARTIN DRIVE  
 KISSIMMEE FL 34744**

Mailing Address  
**1055 PARTIN DRIVE  
 KISSIMMEE FL 34744**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3674486</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**EDWARDS, PAUL D  
 1055 PARTIN DRIVE  
 KISSIMMEE FL 34744**

**7. Name and Address of New Registered Agent**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PD EDWARDS, PAUL D STREET ADDRESS 1055 PARTIN DRIVE CITY-ST-ZIP KISSIMMEE FL 34744	<input type="checkbox"/> Delete	TITLE NAME EDWARDS, PAUL D STREET ADDRESS 1055 PARTIN DRIVE CITY-ST-ZIP KISSIMMEE FL 34744	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP EDWARDS, FELICIA M STREET ADDRESS 1055 PARTIN DRIVE CITY-ST-ZIP KISSIMMEE FL 34744	<input type="checkbox"/> Delete	TITLE NAME EDWARDS, FELICIA M STREET ADDRESS 1055 PARTIN DRIVE CITY-ST-ZIP KISSIMMEE FL 34744	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<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: Paul D Edwards  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 Date  
 407 847-9655 Daytime Phone #

CR2E034 (9/01)