

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000104184**1. Entity Name
CMMMD HOLDINGS, INC.

Principal Place of Business

13047 SANDWEDGE CT.

JACKSONVILLE

32224

FL

Mailing Address

13047 SANDWEDGE CT.

JACKSONVILLE

32224

FL

2. Principal Place of Business
13401 SUTTON PARK DRIVE SOUTHSuite, Apt. #, etc.
114City & State
JACKSONVILLE

FL

Zip
32224

Country

3. Mailing Address
13401 SUTTON PARK DRIVE SOUTHSuite, Apt. #, etc.
114City & State
JACKSONVILLE

FL

Zip
32224

Country

4. FEI Number
59-7168959

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SLAGLE SUSAN
1201 SAN AMARO RD.

JACKSONVILLE

32207

US

FL

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 **SUSAN SLAGLE**

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

(NOTE: Registered Agent signature required when reinstating)

01/16/2001

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, 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

TITLE D ☐ Delete
NAME CUNY JOHN D
STREET ADDRESS 13047 SANDWEDGE CT.
CITY-ST-ZIP JACKSONVILLE FL 32224TITLE D ☐ Delete
NAME MCDANIEL DONNIE
STREET ADDRESS P.O. BOX 1297
CITY-ST-ZIP SAVANNAH TN 38372TITLE D ☐ Delete
NAME DENNIS STANLEY
STREET ADDRESS 19720 SWEETWATER CURVE
CITY-ST-ZIP SHOREWOOD MN 55331TITLE D ☐ Delete
NAME MUSILLI RONALD
STREET ADDRESS 75 COUNTRYSIDE DR. NORTH
CITY-ST-ZIP TROY OH 45373TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **Ron Musilli**

Pres

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)