

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90148 010 \*\*\*150.00

**DOCUMENT # P00000104184**

**1. Entity Name**  
**CMMD HOLDINGS, INC.**

**Principal Place of Business**  
13401 SUTTON PARK DRIVE SOUTH  
114  
JACKSONVILLE FL 32224

**Mailing Address**  
13401 SUTTON PARK DRIVE SOUTH  
114  
JACKSONVILLE FL 32224



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
6621 Southpoint Dr. North  
Suite, Apt. #, etc.  
Suite 325

**3. Mailing Address**  
6621 Southpoint Dr. North  
Suite, Apt. #, etc.  
Suite 325

**City & State**  
Jacksonville, FL

**City & State**  
Jacksonville, FL

**4. FEI Number** 59-7168959

**Applied For**  
☐ Not Applicable

**Zip** 32216  
**Country** DUAL

**Zip** 32216  
**Country** DUAL

**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**

**SLAGLE, SUSAN**  
1201 SAN AMARO RD.  
JACKSONVILLE FL 32207

**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** \_\_\_\_\_  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	MUSILLI, RONALD	
<b>STREET ADDRESS</b>	75 COUNTRYSIDE DR. NORTH	
<b>CITY-ST-ZIP</b>	TROY OH 45373	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	DENNIS, STANLEY	
<b>STREET ADDRESS</b>	19720 SWEETWATER CURVE	
<b>CITY-ST-ZIP</b>	SHOREWOOD MN 55331	
<b>TITLE</b>	D	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	MCDANIEL, DONNIE	
<b>STREET ADDRESS</b>	P.O. BOX 1297	
<b>CITY-ST-ZIP</b>	SAVANNAH TN 38372	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	CUNY, JOHN D	
<b>STREET ADDRESS</b>	13047 SANDWEDGE CT.	
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32224	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** Ronald Musilli  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02 937-332-8400  
Date Daytime Phone #

CR2E034 (9/01)