

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90096 021 \*\*\*150.00

DOCUMENT # P01000006419

1. Entity Name

C.M.C.D., INC.

**DO NOT WRITE IN THIS SPACE**

80051430

2. Principal Place of Business

13889 Del Webb Blvd.

Suite, Apt. #, etc.

3. Mailing Address

13889 Del Webb Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Summerfield, FL

City & State

Summerfield, FL

4. FEI Number

59-3698240

Applied for

Not Applicable

Zip 34491

Country

USA

Zip 34491

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael C. Norvell, Attorney at Law

Street Address (P.O. Box Number is Not Acceptable)

1410 Emerson Street

City

Leesburg

FL

Zip Code

34748

**DO NOT WRITE  
IN THIS SPACE**

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



Michael C. Norvell

3/6/02

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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR 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

NAME

STREET ADDRESS

CITY - ST - ZIP

P/S/D

Claude McDonald

13889 Del Webb Blvd.

Summerfield, FL 34491

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

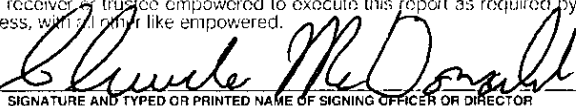
STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:



Claude McDonald

3/6/02 352-307-6691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #