

4/11

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

04-11-2002 90011 029 ***150.00

DOCUMENT # P01000078127

1. Entity Name

CMC DESIGN GROUP, INC.

Principal Place of Business

3914 U.S. HIGHWAY 301 NORTH
 SUITE 200
 TAMPA FL 33619

Mailing Address

3914 U.S. HIGHWAY 301 NORTH
 SUITE 200
 TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3738498

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

7. Name and Address of New Registered Agent

SBAR, MARIAN H
 220 SOUTH FRANKLIN STREET
 TAMPA FL 33602

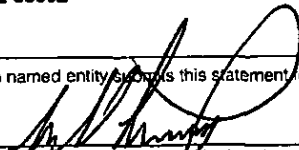
Name William P. Cowart

Street Address (P.O. Box Number is Not Acceptable) 3914 U.S. Hwy. 301 N, Ste. 200

City Tampa FL Zip Code 33619

8. The above named entity signs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE



William P. Cowart - Vice President 4/3/02

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)

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 PT ☐ Delete
 NAME MACIAS, JON-ERIC
 STREET ADDRESS 3914 U.S. HIGHWAY 301 NORTH
 CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VS ☐ Delete
 NAME LOTWICK, GEORGE WILBUR JR
 STREET ADDRESS 3914 U.S. HIGHWAY 301 NORTH
 CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME COWART, WILLIAM P
 STREET ADDRESS 3914 U.S. HIGHWAY 301 NORTH
 CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

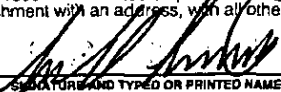
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:



William P. Cowart 4/3/02 813/623-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)