

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91221 042 \*\*\*150.00

**DOCUMENT # P01000115183**

1. Entity Name  
**CMD MARKETING, INC.**



Principal Place of Business  
**65 SARAGOSSA STREET  
ST. AUGUSTINE, FL 32084**

Mailing Address  
**65 SARAGOSSA STREET  
ST. AUGUSTINE, FL 32084**

**11005609**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**11501 NW 40th St**

3. Mailing Address  
**11501 NW 40th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Coral Springs, FL 33065**

City & State  
**Coral Springs, FL 33065**

4. FEI Number  
**59-3759274**

Applied For  
☐ Not Applicable

Zip  
**33065**

Country

Zip  
**33065**

Country

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

**DAVIS, SARA N  
65 SARAGOSSA STREET  
ST. AUGUSTINE, FL 32084**

Name  
**Sara N. Davis**  
Street Address (P.O. Box Number is Not Acceptable)  
**11501 NW 40th St**

City  
**Coral Springs, FL 33065**

FL Zip Code  
**33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$500.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD DAVIS, SARA N 65 SARAGOSSA STREET ST. AUGUSTINE, FL 32084</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD DAVIS, SARA N 11501 NW 40th St Coral Springs, FL 33065</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sara N. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SARA N. DAVIS**

**4-16-03**

**954 575-2235**

Date

Daytime Phone #

CR2E034 (10/02)