


FILED
Jun 05, 2003 8:00 am
Secretary of State

05-13-2003 90054 012 ***150.00

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

DOCUMENT # P02000043432

1. Entity Name
C.M. HUNT, INC.



Principal Place of Business
 2917 PORT ROYALE LANE
 FT. LAUDERDALE, FL 33308

Mailing Address
 2917 PORT ROYALE LANE
 FT. LAUDERDALE, FL 33308

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



55046496

CHECK HERE IF MAKING CHANGES

4. FEI Number
010678869

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HUNT, CHERYL
 2917 PORT ROYALE LANE
 FT. LAUDERDALE, FL 33308

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

NOT VALID UNTIL 05/15/04
 MAY 15, 2003 Fee will be \$350.00
 More information available from 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	D HUNT, CHERYL 2917 PORT ROYALE LANE FT. LAUDERDALE, FL 33308	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"/> Delete	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"/> Delete	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)(1), 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: *Cheryl Hunt* **5.7.2003** **954.649.4184**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #

CR2E034 (10/02)

Attachment

PO 2000043432

Cheryl M. Hunt

2917 Port Royale Lane

Fort Lauderdale, Florida 33308

954.491.5842

55040496

May 7, 2003

To Whom It May Concern:

Enclosed please find my renewal form and check in the amount of \$150.00.

This is a newly formed corporation that was formed in April of 2002 under the name of C.M. Hunt, Inc.

As of this date I have not received a renewal form for my corporation.

Should there any problem please contact me immediately at 954.649.4184. This is a cell number that I can be reached at anytime.

Sincerely,

Cheryl Hunt

Cheryl Hunt

For C.M. Hunt, Inc.

Enclosures