

2003 FEE SCHEDULE
UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91797 036 ***150.00

DOCUMENT # P02000050316

1. Entity Name
C.M.R. SALES GROUP, INC.



Principal Place of Business

10784 TEA OLIVE LANE
BOCA RATON, FL 33498

Mailing Address

10784 TEA OLIVE LANE
BOCA RATON, FL 33498

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0675913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, MARC
10784 TEA OLIVE LANE
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$350.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	ROBERTS, CHERYL	
STREET ADDRESS	10784 TEA OLIVE LANE	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	VP	☐ Delete
NAME	ROBERTS, MARC L	
STREET ADDRESS	10784 TEA OLIVE LANE	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03

1-32E034 (10/02)