

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90114 035 ***150.00

DOCUMENT # P02000068419

1. Entity Name
CDM CONSULTING GROUP, INC.



Principal Place of Business
3001 N. ROCKY POINT DRIVE EAST
SUITE #200
TAMPA FL 33607

Mailing Address
3001 N. ROCKY POINT DRIVE EAST
-SUITE #200-
TAMPA FL 33607

C/O State Tax Solutions, Inc.



2. Principal Place of Business
5401 W. Kennedy Blvd.
Suite, Apt. #, etc.
731

3. Mailing Address
5401 W. Kennedy Blvd.
Suite, Apt. #, etc.
731

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
41-2049022

Applied For
Not Applicable

Zip
33609 **Country**
Hillsborough

Zip
33609 **Country**
Hillsborough

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

MUNYON, CHRISTOPHER D
3001 N. ROCKY POINT DRIVE EAST
SUITE #200
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name
Christopher D. Munyon
Street Address (P.O. Box Number is Not Acceptable)
C/O State Tax Solutions, Inc.
5401 W. Kennedy Blvd., Suite 731
City **Tampa** **FL** **Zip Code** **33609**

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 reinstating)

DATE

2/8/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Christopher Munyon 10462 Greendale Dr. Tampa, FL 33606	<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
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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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/03

(813) 281-5995

Date

Daytime Phone #

CR2E034 (10/02)