

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90140 026 ***150.00

DOCUMENT # P93000052376

1. Entity Name

CMD ENTERPRISES, INC.

Principal Place of Business

**13801 N DALE MABRY
TAMPA FL 33618
US**

Mailing Address

**10312 CARROLL COVE PL
TAMPA, FL 33612**

2. Principal Place of Business

3. Mailing Address

13801 N Dale Mabrey

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

Country

33618

Country

USA

4. FEI Number

59-3193489

Applied For

Not Applicable

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

**CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301**

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.

SIGNATURE

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 ☐ Delete
NAME **D PEARSON, CHRISTOPHER**
STREET ADDRESS **10312 CARROLL COVE PL**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Change ☒ Addition
NAME **Secretary Mary Lyn & Pearson**
STREET ADDRESS **10312 Carroll Cove Pl**
CITY-ST-ZIP **Tampa, FL 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

813 264 2215

Date

Daytime Phone #

CR2E034 (9/01)