

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90302 027 ***150.00

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

DOCUMENT # P93000079024

1. Entity Name
CMS LAND DEVELOPMENT INC.



Principal Place of Business
9680 PRESTON TRAIL WEST
PONTE VEDRA BEACH, FL 32082

Mailing Address
9680 PRESTON TRAIL WEST
PONTE VEDRA BEACH, FL 32082 US

2. Principal Place of Business
121 Oceanforest Drive N.

3. Mailing Address
121 Oceanforest Drive N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Atlantic Beach, FL

City & State
Atlantic Beach, FL

4. FEI Number
59-3126495

Applied For
Not Applicable

Zip
32233

Country
USA

Zip
32233

Country
USA

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

6. Name and Address of Current Registered Agent

SONES, MICHAEL A
9680 PRESTON TRAIL WEST
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name

Sones, Michael A.

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

121 Oceanforest Drive North

City

Atlantic Beach

FL

Zip Code
32233

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

Michael A Sones
MICHAEL A SONES

4/22/03

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONES, MICHAEL A 9680 PRESTON TRAIL WEST PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONES, PATRICIA P 9680 PRESTON TRAIL WEST PONTE VEDRA BEACH, FL 32082	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S Sones, Michael A. 121 Oceanforest Drive North Atlantic Beach, FL 32233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Sones, Patricia P. 121 Oceanforest Drive North Atlantic Beach, FL 32233	<input checked="" 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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A Sones

4/22/03

904-246-9593

Date

Daytime Phone #

CR2E034 (10/02)