2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P93000082096** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name C.M.S.U., INC. 04-12-2000 90034 045 ***150.00 Mailing Address Principal Place of Business 5885 WINDEMERE OR 5885 WINDEMERE DR PALM HARBOR FL 34685 PALM HARBOR FL 34685 3. Mailing Address 30/2 CYPRESS GIEEN DE 2. Principal Place of Business 3012 CYPLESSGREEN DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number 59-3212165 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANCHEZ, GEORGE I Street Address (P.O. Box Number is Not Acceptable) 3446 E LAKE RD **SUITE 214** PALM HARBOR FL Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE ULBINSKY, CHARLES M 3012 CYPRESS GREEN DRIVE ULBINSKY, CHARLES M NAME NAME STREET ADDRESS STREET ADORESS **5885 WINDEMERE DR** Palm HARBOR, FL 34684 CITY-ST-ZIP CITY-ST-7IP PALM HARBOR FL 34685 ☐ Addition Delete TITLE ULBIUSKY, BARBARA L ULBINSKY, BARBARA L NAME NAME 3021 CYPRESS GREEN DRIVE STREET ADDRESS STREET ADDRESS 5885 WINDEMERE DR CITY-ST-ZIP PALM HARBOR, FL 34684 CITY-ST-ZIP PALM HARBOR FL 34685 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.