


2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90004 030 ***150.00

DOCUMENT #	P93000082096	
1. Entity Name C.M.S.U., INC.		

Principal Place of Business 3012 CYPRESSGREEN DR. PALM HARBOR FL 34684	Mailing Address 3012 CYPRESSGREEN DR. PALM HARBOR FL 34684
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	237 BUNGALOW AVE

City & State	City & State
	WILMINGTON, DE
Zip	Zip
	19805

4. FEI Number	59-3212165	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SANCHEZ, GEORGE I 3446 E LAKE RD SUITE 214 PALM HARBOR FL

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	ULBINSKY, CHARLES M		
3012 CYPRESS GREEN DR	3012 CYPRESS GREEN DR		
PALM HARBOR FL 34684	PALM HARBOR FL 34684		
TITLE	NAME	TITLE	NAME
DST	ULBINSKY, BARBARA L		
3012 CYPRESS GREEN DR	3012 CYPRESS GREEN DR		
PALM HARBOR FL 34684	PALM HARBOR FL 34684		
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME

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:  **CHARLES M. ULBINSKY** 7/20/04 (302) 992-9843

54064834

Attachment
Doc. # P93000039956



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0161805 01 AV 0.178 **AUTO T9 1 1203 34684-321312



C.M.S.U., INC.

3012 CYPRESSGREEN DR.

PALM HARBOR FL 34684-3213

7/20/04

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DOCUMENTS

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- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

I CAN'T GET
INFO ONLINE

CM Kelly

525

Document # P93000082096

Mail Report to:

C.M.S.U., INC.
3012 CYPRESSGREEN DR.
PALM HARBOR FL 34684-3213

CMSU, INC.
237 BUNGALOW AVE.
WILMINGTON, DE 19805



CR2E095 4/04

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.