

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2000 08:00 AM**
Secretary of State**DOCUMENT # P95000023179****1. Entity Name**
CMD INDUSTRIES, INC.

Principal Place of Business	Mailing Address
1586 NOERTH MEADOWCREST BLVD CRYSTAL RIVER FL 34429	1586 N. MEADOWCREAST BLVD CRYSTAL RIVER FL 34429

2. Principal Place of Business	3. Mailing Address
1586 NORTH MEADOWCREST BLVD	1586 N. MEADOWCREST BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
CRYSTAL RIVER FL	CRYSTAL RIVER FL

4. FEI Number
59-3307633Applied For
Not Applicable

Zip	Country	Zip	Country
34429	US	34429	US

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**DUCHARME CANDY M
1586 N. MEADOWCREST BLVD
CRYSTAL RIVER FL 34429

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 CANDY M. DUCHARME****04/30/2000**

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	GRABLER CAROL E	
STREET ADDRESS	PO BOX 2124 N/A	
CITY-ST-ZIP	HOMOSASSA SPRGS FL	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRABLER CAROL E		
STREET ADDRESS	PO BOX 2124 N/A		
CITY-ST-ZIP	HOMOSASSA SPRGS FL		

TITLE	D	<input type="checkbox"/> Delete
NAME	GRABLER JOHN H	
STREET ADDRESS	PO BOX 2124 N/A	
CITY-ST-ZIP	HOMOSASSA SPRGS FL	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRABLER JOHN H		
STREET ADDRESS	PO BOX 2124 N/A		
CITY-ST-ZIP	HOMOSASSA SPRGS FL		

TITLE	D	<input type="checkbox"/> Delete
NAME	DUCHARME CANDY M	
STREET ADDRESS	1586 NORTH MEADOWCREST BLVD	
CITY-ST-ZIP	CRYSTAL RIVER FL	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP	CRYSTAL RIVER FL 34429		

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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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** Candy M. Ducharme

Prox. 04/30/2000