

2000 UNIFORM BUSINESS REPORT (UBR)

1/25

DOCUMENT # P95000072570

1. Entity Name

CD FILES GROUP, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-29-2000 90021 003 ***150.00

Principal Place of Business

6320 TOWER LANE
SARASOTA FL 34240

Mailing Address

6320 TOWER LANE
SARASOTA FL 34240-8009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0608037

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VESTRAND, MICHAEL
6320 TOWER LN.
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name Ronald W. Coppinger

Street Address (P.O. Box Number is Not Acceptable)
6320 Tower Ln., Suite B

City Sarasota FL Zip Code 34240

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

(X) Michael H. Vestrland Ronald W. Coppinger
(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	COPPINGER, RONALD W	
STREET ADDRESS	6320 TOWER LANE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MURCHIE, WILLIAM J	
STREET ADDRESS	6320 TOWER LANE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VESTRAND, MICHAEL G	
STREET ADDRESS	6320 TOWER LANE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPINGER, RONALD W.	
STREET ADDRESS	6320 Tower Lane	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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: (X) Ronald W. Coppinger (Ronald W. Coppinger) 1/25/00 941-379-23
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #