

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000073959**

1. Entity Name

C & M INTERNATIONAL ACCESS, INC.**FILED**
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90071 045 ***150.00

0074880

Principal Place of Business

Mailing Address

4529 DEER CREEK BLVD.
SARASOTA FL 34238**P.O. BOX 19585**
SARASOTA FL 34276**C0041955**

2. Principal Place of Business

9932 SUBLETTE AVE.

Suite, Apt. #, etc.

3. Mailing Address

9932 SUBLETTE AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 59-3334948	Applied For <input type="checkbox"/> Not Applicable
Zip 32836	Country USA	Zip 32836	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**MCFADYEN, KAREN**
4529 DEER CREEK BLVD
SARASOTA FL 34238**7. Name and Address of New Registered Agent**

Name

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

9932 SUBLETTE AVE.City **ORLANDO****FL**Zip Code
32836

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

Karen McFadyen KAREN McFadyen President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-02-019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	P KAREN MCFADYEN 4529 DEER CREEK BLVD SARASOTA FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9932 SUBLETTE AVE. ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:*Karen B. McFadyen KAREN B. MCFADYEN*

Date

Daytime Phone #

CR2E034 (10/00)