

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 08:00 AM
Secretary of State

DOCUMENT # P96000036245

1. Entity Name
CBM ASSOCIATES, INC.

Principal Place of Business C/O 1665 PALM BEACH LAKES BLVD., STE. 600 WEST PALM BEACH FL 33401	Mailing Address C/O 1665 PALM BEACH LAKES BLVD., STE. 600 WEST PALM BEACH FL 33401
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number
65-0660838

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CHERRY RICHARD G 1665 PALM BEACH LAKES BLVD. STE 600 WEST PALM BEACH FL US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable

DATE **04/19/2000**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP HOECKER JOHN J. 13090 COASTAL CIRCLE PALM BEACH GARDENS FL	T.TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS HOECKER JOHN J. 13090 COASTAL CIRCLE PALM BEACH GARDENS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILMERING N. KEWT 2406 NO LAKESIDE DR. LAKE WORTH FL	T.TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT WILMERING N. KENT 2406 NO LAKESIDE DR. LAKE WORTH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T.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	T.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	T.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	T.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 _____ DATE _____