

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90017 021 ***150.00

DOCUMENT # P96000052316

1. Entity Name

CMC INVESTMENTS OF CENTRAL FLORIDA, INC.

Principal Place of Business

**620 DOUGLAS AVE
STE 1308
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**P.O. BOX 3000
ORLANDO FL 32802**

2. Principal Place of Business

900 E. Wildmere Ave

3. Mailing Address

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Zip

32750

Country

USA

Zip

Country

4. FEI Number

59-3391482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WETTACH, JOSEPH C.L.
315 E. ROBINSON ST.
SUITE 600
ORLANDO FL 32801**

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.

SIGNATURE

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSV
RADULOVIC, BORIVOJE M
620 DOUGLAS AVE STE 1308
ALTAMONTE SPRINGS FL 32714**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOA MAI VA D-AA

4/29/02

Date

407-786-1114

Daytime Phone #

CR2E034 (9/01)