

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90653 026 \*\*\*150.00

**DOCUMENT # P97000008117**

1. Entity Name

**CDM ENTERPRISES OF THE PALM BEACHES, INC.**

Principal Place of Business

**4953 C ALDER DRIVE  
 WEST PALM BEACH FL 33417**

Mailing Address

**P.O. BOX 222323  
 WEST PALM BEACH FL 33422**

2. Principal Place of Business

**P.O. Box 222323**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**33422-2323 USA**

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0723019**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

-6. Name and Address of Current Registered Agent

**DAVIS, LEIANN S.  
 2226 22ND LANE  
 LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name

**RAY BOWLING**

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

**4953 C Alder Dr.**

City

**WPB**

**FL**

Zip Code

**33417**

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

**Ray Bowling Vice President**

**4/21/02**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOWLING, CINDY L</b>	
STREET ADDRESS	<b>4953 C ALDER DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAY, BOWLING</b>	
STREET ADDRESS	<b>4953-C ALDER DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
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		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAY, BOWLING</b>	
STREET ADDRESS	<b>4953-C ALDER DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
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		
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:

**Cindy Bowling President**

**4/22/02**

**5618813414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)