

# 2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED

Jun 03, 2000 8:00 am  
Secretary of State

05-08-2000 90025 010 \*\*\*150.00

DOCUMENT # P97000066024

1. Entity Name

F/CMA, INC.

Principal Place of Business

Mailing Address

1000 MILITARY TRAIL  
0  
W PALM BEACH FL 33415  
US

1000 MILITARY TRAIL  
SUITE 0  
WEST PALM BEACH FL 33415-4774

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

65-0791099

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

7. Name and Address of New Registered Agent

WHALEN, TIMOTHY L  
301 CLEMENS STREET  
SUITE 200  
WEST PALM BEACH FL 33404

CMA  
1000 S. MILITARY  
TRAIN SUITE D  
WEST PALM BEACH FL  
33415

Name

CHARLES DOERR

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

1000 SOUTH

MILITARY TRAIL SUITE D

City

WEST PALM BEACH

FL

Zip Code

33415

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

CHARLES DOERR

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

(NOTE: Registered Agent signature required when reinstating)

4/22/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME DOERR, CHARLES H  
STREET ADDRESS 1000 S MILITARY TRAIL, STE D  
CITY-ST-ZIP WEST PALM BEACH FL 33409

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ 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:

CHARLES DOERR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 561-432-1416

DATE

Daytime Phone #