

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90056 011 ***150.00

DOCUMENT # P98000046348
 1. Entity Name
CTM INVESTMENT & SERVICE CORP.

Principal Place of Business SW 39TH TERR CORAL FL 33-3914	Mailing Address 2830 SW 39TH TERR CAPE CORAL FL 33914-2807
2. Principal Place of Business 2830 SW 39th Terrace Suite, Apt. #, etc.	3. Mailing Address 2830 SW 39th Terrace Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Cape Coral, FL Zip 33914	Country Lee	City & State Cape Coral Zip 33914	Country Lee	4. FEI Number 65-0890202	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent TROEGER, MICHAEL 2830 SW 39TH TERR CAPE CORAL FL 33914			
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 **MICHAEL TROEGER** *[Signature]* - President - 04-11-2000
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. ☐ **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 TROEGER, MICHAEL STREET ADDRESS 2830 SW 39TH TERR CITY-ST-ZIP CAPE CORAL FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: **MICHAEL TROEGER** *[Signature]* - President - 04-11-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime 941-549-3046

CR2E034 (9/99)