

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90033 043 ***150.00

DOCUMENT # P99000019168

1. Entity Name
CMO, INC.

Principal Place of Business
2381 EXECUTIVE CENTER DRIVE
BOCA RATON FL 33431

Mailing Address
2381 EXECUTIVE CENTER DRIVE
BOCA RATON FL 33431

XXXXXXXXXX



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0899616**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	TOTTE, ROBERT P	
STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, JANET G	
STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'HARA, CHERYL M	
STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
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	Director + Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/In
NAME	TOTTE, ROBERT P.	
STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald R Richter	
STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melinda C. Ellsworth	
STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	Asst. Secretary + VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven R. Isko	
STREET ADDRESS	2381 EXECUTIVE CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
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: Robert P. Totte **Robert P. Totte** 3/28/01 (561) 912-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)