

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90116 009 ***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



2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
City & State

4. FEI Number 65-0899616
Applied For
Not Applicable

Zip
Country
Zip
Country

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
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 Taxfiling 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
DC TOTTE, ROBERT P
2381 EXECUTIVE CENTER DRIVE
BOCA RATON FL 33431
T RICHTER, RONALD
2381 EXECUTIVE CENTER DRIVE
BOCA RATON FL 33431
D ELLSWORTH, MELINDA C
2381 EXECUTIVE CENTER DRIVE
BOCA RATON FL 33431
ASVP IRKO, STEVEN R
2381 EXECUTIVE CENTER DR.
BOCA RATON FL 33431

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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: Robert P. Tote 1-28-02 561-912-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)