

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000041861**

1. Entity Name
CFM LIMITED INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90021 050 ***150.00

Principal Place of Business
6604 NW 27TH ST
GAINESVILLE, FL 32653

Mailing Address
P.O. BOX
140427
GAINESVILLE, FL 32614

00073061

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number
59-3577137

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BUSINESS FILINGS INC.
1 EAST BROWARD BLVD
SUITE 700
FT. LAUDERDALE FL 33301-0000

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 _____ (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

TITLE	PRES	<input type="checkbox"/> Delete
NAME	CHARLES FLOYD SR	
STREET ADDRESS	2977 SW 74TH CT	
CITY-ST-ZIP	BELL FL 32619	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	EVELYN FLOYD	
STREET ADDRESS	2977 SW 74TH CT	
CITY-ST-ZIP	BELL FL 32619	
TITLE	TREAS.	<input type="checkbox"/> Delete
NAME	CHARLES FLOYD JR	
STREET ADDRESS	6604 NW 27TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32653	
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 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: _____ Date **7/1/00** (352) 870-1038 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
D# 89900041861
D# 8061

CFM *Limited Inc.*

P.O. Box 140427 Gainesville, FL 32614-0427
Phone (352) 870-1038 Fax (352) 338-9158

July 1, 2000

Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

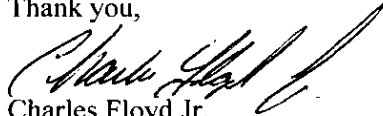
Re: Corporate Fee

To whom it may concern,

On June 21, 2000, I had to call and request information on corporate fees and when they are due. I was told that it should have been filed by May 1, 2000. We never received the information and was sent the enclosed form by mail on June 25, 2000.

We have enclosed a check and will now be aware of the due date.

Thank you,



Charles Floyd Jr.
CFM Limited Inc.

•
•
•
•