

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91624 019 ***150.00

DOCUMENT # P99000076546

1. Entity Name
CMT GENEALOGY, INC.

Principal Place of Business

**5007 GRAN LAC AVE.
 ORLANDO FL 32812**

Mailing Address

**5007 GRAN LAC AVE.
 ORLANDO FL 32812**

2. Principal Place of Business

5007 Gran Lac Ave

3. Mailing Address

5007

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32812

Country

USA

Zip

32812

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3595766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, CORLEY M
 5007 GRAN LAC AVE.
 ORLANDO FL 32812**

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
 Tax filing 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

TITLE **P** ☐ Delete
 NAME **THOMPSON, CORLEY M**
 STREET ADDRESS **5007 GRAN LAC AVE.**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

435982

099000076546

May 8, 2002

Florida Dept. of State
Division of Corporations
Tallahassee, FL 32302

Dear Sir:

This filing of my Uniform Business Report
- is late because I misplaced the forms. Only
after phoning for replacement forms did I
find the original forms.

This tiny corporation (net income in 2001
of \$277) finds it very difficult to keep up
with the various filings necessary. It
is my intention to keep this corporation
active for a few more years, but I hope
that you will be patient with what for me
has degenerated into little more than a
hobby.

Colin M. Pearson

President

CMT Genealogy, Inc
5007 Guaylac Ave
Orlando, FL 32812