

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S60771

1. Entity Name

CMB HOLDINGS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90040 037 ***150.00

| | |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Principal Place of Business 7650 W COURTNEY CAMPBELL CAUSEWAY 1120 TAMPA FL 33607 US | Mailing Address 7650 W COURTNEY CAMPBELL CAUSEWAY 1120 TAMPA FL 33607-5955 US |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0269910

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIDDINGER, CLAY M.
7650 W COURTNEY CAMPBELL CAUSEWAY
SUITE 1120
TAMPA FL 33607

Name
Street Address (P.O. Box Number is Not Acceptable)
7650 W COURTNEY CAMPBELL CAUSEWAY
SUITE 1120
City FL Zip Code
TAMPA 33607

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, 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 NAME STREET ADDRESS CITY-ST-ZIP | PTD BIDDINGER, CLAY M 2841 COBBLESTONE DR PALM HARBOR FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTS ATTINELLA, MICHAEL J 1022 CHULLUM CT SAFETY HARBOR FL 34695 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BIDDINGER, CLAY M 2841 COBBLESTONE DR PALM HARBOR FL 34684 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

813/387-4087

Daytime Phone #

CR2E034 (9/99)