

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90111 006 \*\*\*150.00

**DOCUMENT # S80762**

1. Entity Name  
**CJM PROPERTY SERVICES, INC.**



Principal Place of Business  
**100 SECOND AVE NORTH  
SUITE 350  
ST. PETERSBURG FL 33701  
US**

Mailing Address  
**PO BOX 870  
ST. PETERSBURG FL 33731-0870  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3086001**

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

7. Name and Address of New Registered Agent

**KEHM, MARTHA  
100 SECOND AVENUE NORTH  
SUITE 350  
ST. PETERSBURG FL 33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVPS** ☐ Delete  
NAME **ANDERSON, CHARLES C.**  
STREET ADDRESS **7001-20 ST. NO.**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☒ Change ☐ Addition  
NAME **1328 Pasadena Ave S #308**  
STREET ADDRESS **St Petersburg FL 33707**  
CITY-ST-ZIP

TITLE **DPT** ☐ Delete  
NAME **KEHM, MARTHA L.**  
STREET ADDRESS **6300 BAHAMA SHORES DR. S**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☒ Change ☐ Addition  
NAME **1909 Beach Dr SE**  
STREET ADDRESS **St Petersburg FL 33705**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MARTHA L KEHM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/03**  
Date

**727-823-8122**  
Daytime Phone #

CR2E034 (10/02)