

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S80784

FILED  
Jan 28, 2003  
Secretary of State

Entity Name: CRM ENTERPRISES, INC.

**Current Principal Place of Business:**

601 N. WALNUT ST  
BLOOMINGTON, IN 47404 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1681  
NOBLESVILLE, IN 460601 US

**New Mailing Address:**

FEI Number: 35-1843195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARAMELLO, JACK  
2914 GANDY BLVD  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: PRUDHOMME, DAVID R  
Address: 9857 WORTHINGTON  
City-St-Zip: NOBLESVILLE, IN 46060

Title: VPD ( ) Delete  
Name: CARAMELLO, JACK  
Address: 2914 GANDY BLVD # E  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PRUHDOMME

PSTD

01/28/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date