FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State
08-11-2003 90290 006 ***150.00

DOCUMENT # P01000026220

1. Entity Name: Complete Custom Wheel, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1187 State Ave	1515 Ridgewood Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. A
City & State: Holly Hill FL	City & State: Holly Hill FL
Zip: 32117 Country: Volusia	Zip: 32117 Country: Volusia

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3703107 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Joseph A Loguidice
Street Address (P.O. Box Number is Not Acceptable): 1515 Ridgewood Ave Ste A.
City: Holly Hill **FL** Zip Code: 32117

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) John Purnel 1187 State Ave Holly Hill FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 8/4/03 (386) 258-0083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment # 86137745
P01000026220

Division of Corporations
P. 0. Box 1500
Tallahassee, Florida 32302-1500

July 22, 2003

Dear Sir or Madam:

This letter is to inform your office that I never received my UBR form to file it for 2003. Last year we asked the dep of state to change our mailing address and to up date your records, this did not happen. I have my mail going to my account at the address we requested to have all mail change to. I called the Dep of state and they advised me to down lode a blank form. Your office also advised me to send a letter stating I did not receive my form and give the correct mailing address so the form can get to me on time next year. Your office said all penalties would be waved. Thank you for your time in concerning this matter.

Sincerely,

COMPLETE CUSTOM WHEEL
CARE OF JOE LOGUIDICE, CPA
1515 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117