## FILED Jun 29, 2001 8:00 am Secretary of State

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Cus	tom Quality	Manufactu	ring, Inc.	,			
incipal Place	of Europeas	Mailing Address					
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# CQM, INC. DOCT 79600054394

### **CUSTOM QUALITY MANUFACTURING, INC.**

June 26, 2001

UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS P.O. BOX 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find the enclosed UBR 2001 report along with our check. The reason why our report is late is because I did not receive the original report this year. I suspect the report went to our old P.O. Box that we closed down in November of 2000 and they did not forward the report.

Since I have never filed our report late and never will again, I am hoping to have the late waived. I have also enclosed a copy of last year's report, which shows my old mailing address. Please excuse this mishap.

Sincerely.

Leon Montambault

President

#### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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CUSTOM QUALITY MANUFACTURING, INC.

Principal Place of Business Mailing Address 5015 TAMPA WEST BLVD P O BOX 273267 TAMPA FL 33634

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TAMPA FL 33688-3267 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3388725 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MONTAMBAULT, LEON 82 Street Address (P.O. Box Number is Not Acceptable) 5015 TAMPA WEST BLVD **TAMPA FL 33634** 83 84 City Zip Code 65

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Stynature, typed or printed nome of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 11 BD 6 [7] Change MONTAMBAULT, LEON NAME 1.2 NAME 5015 TAMPA WEST BLVD STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33634** CITY-ST-ZIP 1.4 CHY-ST-ZIP TILE DELETE 2.1 TITLE Change Addition MAKE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TIME [] Change Additio NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP [] DELETE 4 1 THE Change Additio NAA# 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE TITLE 5.1 (0) 6 □ Change Additio 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6.1 TITLE TITLE Change Additic NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNIATURE:

Lean Montambault