

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

06-29-2001 90005 011 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058394 (LA)
1. Entity Name
 Custom Quality Manufacturing, Inc.

Principal Place of Business **Mailing Address**
5015 Tampa West Blvd. Same
Tampa, FL 33634
US

A0075440

2. Principal Place of Business **3. Mailing Address**
 Subst. Apt. #, etc. Subst. Apt. #, etc.
5015 Tampa West Blvd.
 City & State City & State
Tampa
Tampa, FL
 Zip Country Zip Country
33634 US

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
59-3388725 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Montambault, Leon
5015 Tampa West Blvd.
Tampa, FL 33634

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and the filer. (NOTE: Registered Agent signature required when withdrawing)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
 (See criteria on back)

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

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|-----------------------|-----------------|---------------------------------|
| | Montambault, Leon | 5015 Tampa West Blvd. | Tampa, FL 33634 | |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

CR2004 (1/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(f), Florida Statutes. I further certify that the information is true and correct, and that the filer is the authorized signatory for the entity.

Leon Montambault
 Leon Montambault

6/26/01 (813)290-0805

Attachment

10075410

CQM, INC. ^{Doc# PG6000058 394}

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

AN INTERNATIONAL MANUFACTURING CORP.
5015 TAMPA WEST BOULEVARD, TAMPA, FL 33634
PHONE 1-800-932-0140 FAX 1-800-931-0140

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

Attachment
A0075410

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000058394
1. Corporation Name
CUSTOM QUALITY MANUFACTURING, INC.

Principal Place of Business: 5015 TAMPA WEST BLVD, TAMPA FL 33634, US
Mailing Address: P O BOX 273267, TAMPA FL 33688-3267
Closed Nov, 2000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 07/08/1996
4. FEI Number: 59-3388725
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes/No

9. Name and Address of Current Registered Agent: MONTAMBAULT, LEON, 5015 TAMPA WEST BLVD, TAMPA FL 33834

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | D | 1.1 TITLE | |
| NAME | MONTAMBAULT, LEON | 1.2 NAME | |
| STREET ADDRESS | 5015 TAMPA WEST BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33634 | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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| CITY-ST-ZIP | TAMPA FL 33634 | 1.4 CITY-ST-ZIP | |
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| NAME | | 2.2 NAME | |
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| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
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| NAME | | 5.2 NAME | |
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| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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.

SIGNATURE: *Leon Montambault* 4/7/99 (813) 290-081