FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 990000 57998

CUSTOM MOTORS, INC.

SIGNATURE:

Row

FILED May 24, 2002 8:00 am Secretary of State

05-24-2002 91346 018 ***150.00

DO NOT WRITE IN THIS SPACE

669282

5.0							
2. Principal Place of Business 1440 CORAL RIDGE DR		3. Mailing Address 1440 CORAL RIDGE DR					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
# 18		# 183		 	T1 12		Landon Co.
City & State	SPRINGS, FL	City & State CORAL 50	DRINGS FL	4. 1	El Number 65-095 / 98	6	Applied For Not Applicable
Zip	Country	^{zip} 33071	Country	5. C	Certificate of Status Desired		5 Additional
330		33071		7. Na	me and Address of Current Register		
Name FRIGOLA MICHELLE C FSO							
Street Address (P.O. Box Number is Not A						- n-	WF-0
IN THIS SPACE							
			City	70 /	· · · · · · · · · · · · · · · · · · ·		€ 104 Code
		and the second s	L10	SHTF	HOUSE POINT F	L	33064
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 SIGNATURE							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
•	ration is eligible to satisfy its Intangible		May 1 Fee is \$150.00 1, Fee is \$550.00		10. Election Campaign Financing	:	\$5.00 May Be
Tax filing requirement and elects to do so. (See criteria on back) Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State							
11. OFFICERS AND DIRECTORS							
IITLE	PD		mie				•
NAME STREET ADDRESS	HOYGHE, MICHAEL	-	NAME Street Address				
CITY-ST-ZIP	1440 CORAL RIDGE CORAL SPRINGS	0K#183	CITY-ST-ZIP				en e
NTLE	<u> </u>	-, 	mi.				e.
NAME			NAME STREET ADDRESS				
STREET ADDRESS CITY+ST-ZIP			CITY ST. ZIP				
TITLE			ITLE -				
NAME	المرابية والمحاصف	المستوال المستواد	NAME STREET ADDRESS		eren alla en la companya de la comp		
STREET ADDRESS City-St-Zip			CITY ST ZIP		DO NOT WE	IITE	
BILE			nne		IN THIS SPA	(ME	
NAME			NAME	A CONTRACT			
CITY-ST-ZIP			CITY ST-ZIP	1000			
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NAME	•		name Street address				
STREET ADDRESS CHY-ST-ZIP	î.		COTY-ST-ZIP				
TITLE			THE S		and the same secretarial		
NAME			NAME CONSTITUTIONS		and the second		
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY ST. ZIP 9				
13. Thereby o	certify that the information supplied with	this filing does not qualify for	r the exemption stated in	Section 1	119.07(3)(i), Florida Statutes. I further	ertify that	the information
13. 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 arginature 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 11 or on an attachment with an address, with all other like empowered.							

O OFFICER OR DIRECTOR