

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 405960

1. Entity Name
CUSTOM METAL DESIGNS, INC

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90080 011 ***150.00

Principal Place of Business

921 W OAKLAND AVE
OAKLAND FL 34760
US

Mailing Address

PO BOX 771034
WINTER GARDEN FL 34777-1034
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 783037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Winter Garden FL

4. FEI Number 59-1410239

Applied For
Not Applicable

Zip

Country

Zip
34778-3037

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIMES, SAUL
1016 HULL ISLAND DRIVE
WINTER GARDEN FL 34787

Name
Saul Grimes

Street Address (P.O. Box Number is Not Acceptable)

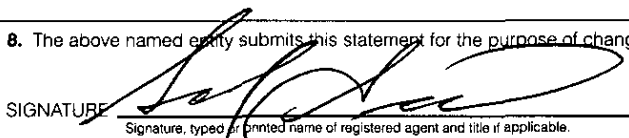
880 Elderville School Rd

City
Winter Garden

FL

Zip Code
34787

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GRIMES, SAUL
STREET ADDRESS 1016 HULL ISLAND DRIVE
CITY-ST-ZIP WINTER GARDEN FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 880 Elderville School Rd
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME LEVINS, DAVID
STREET ADDRESS 402-5C ORLANDO AVE
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME GRIMES, ANN
STREET ADDRESS 1016 HULL ISLAND DRIVE
CITY-ST-ZIP WINTER GARDEN FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 880 Elderville School Rd
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
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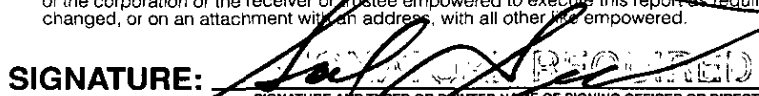
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CITY-ST-ZIP

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)