2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90080 011 ***150.00

DOCUMENT # 405960

1. Entity Name
CUSTOM METAL DESIGNS, INC

Principal Place of Business	Mailing Address
921 W OAKLAND AVE OAKLAND FL 34760 US	PO BOX 771034 WINTER GARDEN FL 34777-1034 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 783037 Suite, Apt. #, etc.
City & State	City & State: Winter Garden FL
Zip / Country	Zip: 34778-3037 / Country

4. FEI Number 59-1410239 ☐ Applied For ☐ Not Applicable

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 Tildenville 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: _____ 4/7/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRIMES, SAUL 1016 HULL ISLAND DRIVE WINTER GARDEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEVINS, DAVID 402-5C ORLANDO AVE OCOEE FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GRIMES, ANN 1016 HULL ISLAND DRIVE WINTER GARDEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	880 Tildenville School Rd	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 like empowered.

SIGNATURE: _____ 4/7/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #