

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90492 050 ***150.00

DOCUMENT # 405960

1. Entity Name
CUSTOM METAL DESIGNS, INC



Principal Place of Business
**921 W OAKLAND AVE
OAKLAND FL 34760
US**

Mailing Address
**PO BOX 783037
WINTER GARDEN FL 34778-3037
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1410239**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GRIMES, SAUL
880 TILDENVILLE SCHOOL ROAD
WINTER GARDEN FL 34787**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Saul Grimes**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **COB** ☐ Delete
NAME **GRIMES, SAUL**
STREET ADDRESS **880 TILDENVILLE SCHOOL ROAD**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **VPD** ☐ Delete
NAME **LEVINS, DAVID**
STREET ADDRESS **402-C5 ORLANDO AVE.**
CITY-ST-ZIP **OCOCHEE FL 34761**

TITLE **STD** ☐ Delete
NAME **GRIMES, ANN**
STREET ADDRESS **880 TILDENVILLE SCHOOL RD.**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **PD** ☐ Delete
NAME **GRIMES, STEVEN**
STREET ADDRESS **464 FOREST HAVEN DR.**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03

Date

Daytime Phone #

CR2E034 (10/02)