

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90013 050 \*\*\*150.00

**DOCUMENT # 607345**

1. Entity Name  
**CUSTOM SCREENS & HOME IMPROVEMENTS, INC.**

Principal Place of Business  
**4881 DISTRIBUTION CT**  
**ORLANDO FL 32822**

Mailing Address  
**4881 DISTRIBUTION CT**  
**ORLANDO FL 32822**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1894625**

Applied For

Not Applicable

Zip

Country

Zip

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

**DAVIS, TERRY**  
**4881 DISTRIBUTION CT**  
**ORLANDO FL 32822**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **P** ☐ Delete  
NAME **DAVIS, TERRY**  
STREET ADDRESS **4881 DISTRIBUTION CT**  
CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE **VP** ☐ Delete  
NAME **DAVIS, DAVID E**  
STREET ADDRESS **4881 DISTRIBUTION CT.**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **V** ☐ Delete  
NAME **HUTTON, DEBRA**  
STREET ADDRESS **4881 DISTRIBUTION CT.**  
CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 like empowered.

SIGNATURE:

**DAVID E. DAVIS 9-5-02 407-277-1364**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment 871601

# 607345

Custom Screens & Home Improvements, Inc.

FEI# 59-1894625

4881 Distribution Court

Orlando, FL 32822

407-277-1364

Fax 407-277-1674

September 5, 2002

Division of Corporations  
Florida Department of State  
P.O. Box 1500  
Tallahassee, FL 32302-1500

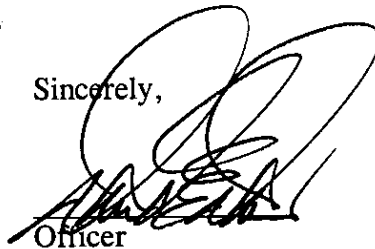
Dear Dept. of State:

We are enclosing our 2002 Uniform Business Report and fee.

Because the corporation did not receive the prior notice, we are submitting this report and original filing fee of \$150.00. We respectfully request waiver of a late fee.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to be "AMER", written over a horizontal line.

Officer