## FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

F93000001126 DOCUMENT #



## FILED Mar 26, 2004 8:00 am Secretary of State

CUSTOM ENVIRONMENT, INC.				03-20-2004 30034 00	1 130.00
	DO NOT WRITE	E IN THIS	SPACE	940	37100
2. Principal Place of Business 1499 SW 30TH AVE #29 BOYNTON BCH FL 33426 US		Mailing Address 1499 SW 30TH AVE #29 BOYNTON BCH FL 33426 US		DO NOT WRITE IN THIS SPACE	
				4. FEI Number 65-0377401	Applied For Not Applicable
Zip 	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	•	2		7. Name and Address of Current Registered	d Agent
	DO_NOT_W	RITE	- KNELSON		
	IN THIS SI	PACE	6565 EAST		Zip Code
8. The above the obligat	named entity submits this statement lions of registered agent.	or the purpose of chang	ging its registered office or registr	ered agent, or both, in the State of Florida. I am f	amiliar with, and accept
SIGNATURE .	Signature, typed or printed name of registered ager	and title if applicable.	(NOTE: Registered Agent signature require	red when reinstating) DATE	***
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department o	of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	March Fact Marketing and Application			
TITLE NAME	DCP KNELSON, GARY		TITLE NAME		
STREET ADDRESS	6565 EASTVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		CITY-ST-ZIP		
TITLE NAME		•	TITLE		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY+ST-ZIP		
TITLE			TITLE		
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CITY-ST-ZIP		•	CITY-ST-ZIP	DO NOT WRI	TE
TITLE			TITLE	IN THIS SPACE	`E
NAME			NAME	IN THIS SEA	J.L.
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE	7	<del></del>	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			City-St-Zip		
TITLE   NAME			TITLE NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby of indicated	ertify that the information supplied wit on this report or supplemental report	h this filing does not quist true and accurate and	alify for the exemption stated in S d that my signature shall have the	Section 119.07(3)(i), Florida Statutes. I further ceres same legal effect as if made under oath; that I a	tify that the information

of the corporation or the receiver or Mustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARI 23 ADOH 561-735-0202