

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90957 031 ***150.00

DOCUMENT # G20815

1. Entity Name
CUSTOM STAINLESS PRODUCTS, INC.

Principal Place of Business

Mailing Address

1126 S. FEDERAL HWY
 STE 499
 FT. LAUDERDALE FL 33316
 US

1126 S. FEDERAL HWY
 FT. LAUDERDALE FL 33316
 US

2. Principal Place of Business

3. Mailing Address

3008 S.E. 4TH AVE
 Suite, Apt. #, etc.

3008 S.E. 4TH AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ft. LAUDERDALE, FLORIDA

City & State
Ft. LAUDERDALE, FLORIDA

4. FEI Number **59-2254105**

Applied For
 Not Applicable

Zip
33316

Country
US

Zip
33316

Country
US

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

KELLY, LAURENCE P III
1126 S. FEDERAL HWY
FT. LAUDERDALE FL 33316

Name **KELLY, LAURENCE P III**
 Street Address (P.O. Box Number is Not Acceptable)
3008 S.E. 4TH AVE
 City **Ft. LAUDERDALE FL 33316**

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 *Laurence P. Kelly III* **LAURENCE P. KELLY III** **4/27/01**
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, 2001 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	PT KELLY, LAWRENCE P III 1126 S. FEDERAL HWY - #499 FT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KELLY, PEGGY A. 13708 SE 259 ST KENT WA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KELLY, LAWRENCE P III 3008 S.E. 4 TH AVE. FT. LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Laurence P. Kelly III* **LAURENCE P. KELLY III** **4/27/01** **9545678448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)