

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

0492820 AV

**DOCUMENT # G74059**

1. Entity Name  
**KUSTOM CAR CREATIONS, INC.**

03-06-2002 90062 006 \*\*\*150.00

Principal Place of Business  
**23350 HARBORVIEW RD**  
**CHARLOTTE HARBOR FL 33980-2134**

Mailing Address  
**23180 HARPER AVE**  
**CHARLOTTE HARBOR FL 33980**



2. Principal Place of Business  
**23180 HARPER AVE**

Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**CHARLOTTE HARBOR, FL.**

City & State

4. FEI Number  
**59-2340747**

Applied For  
 Not Applicable

Zip  
**33980**

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**GIUNTA, KENNETH VITO**  
**23350 HARBORVIEW ROAD**  
**PORT CHARLOTTE FL 33980**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**23180 HARPER AVE.**

City

**CHARLOTTE HARBOR**

FL

Zip Code

**33980**

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

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, 2002 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

TITLE  
**PST**  
 NAME  
**GIUNTA, KENNETH VITO**  
 STREET ADDRESS  
~~P.O. BOX 2433~~  
 CITY-ST-ZIP  
**PORT CHARLOTTE FL 33949**

☐ Delete

TITLE  
**V**  
 NAME  
**GIUNTA, MICHAEL**  
 STREET ADDRESS  
~~P.O. BOX 2433~~  
 CITY-ST-ZIP  
**PORT CHARLOTTE FL 33949**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

**PO Box 494588**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

**PO Box 494288**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/21/02 941-625-9993**

Date

Daytime Phone #

CR2E034 (9/01)