

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K44119**

1. Entity Name

CUSTOM APPLICATION PRODUCTS, INC.**FILED****Apr 21, 2000 8:00 am**
Secretary of State

04-21-2000 90159 041 ***150.00

Principal Place of Business	Mailing Address
910 SW 15TH AVENUE DELRAY BEACH FL 33444 US	910 SW 15TH AVENUE DELRAY BEACH FL 33444-1322 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0085610	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PFRETZSCHNER, CHARLES A. 1105 BEL AIR DR #C HIGHLAND BCH FL 33487	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.

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC <input type="checkbox"/> Delete	TITLE	TS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PFRETZSCHNER, CHARLES A.	NAME	
STREET ADDRESS	1105 BEL AIR DR #C	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFRETZSCHNER, MARGARET C	NAME	
STREET ADDRESS	1105 BEL AIR DR #C	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, CAROL ANN	NAME	
STREET ADDRESS	6045 CARLISLE LANE	STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	CITY-ST-ZIP	
TITLE	TVSD <input type="checkbox"/> Delete	TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFRETZSCHNER, ROBERT, C	NAME	
STREET ADDRESS	392-B GOLFVIEW ROAD	STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Charles A. Pfretzschner **CHARLES A. PFRETZSCHNER** 4/14/00 (561) 272-2950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #