

DOCUMENT # K71418

1. Entity Name

CUSTOM RECONSTRUCTION, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90019 021 ***150.00

Principal Place of Business

Mailing Address

504 CENTER ORAD
FT. MYERS FL 33907
US

P.O. BOX 60264
504 CENTER RD A-3
FT MYERS FL 33907-1542
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0114732

Applied For
Not Applicable

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

HAIRE, DAVID G.
144 WANATAH AVE S.
LEHIGH ACRES FL 33936

Name
THOMAS J. MANN
Street Address (P.O. Box Number is Not Acceptable)
11703 POINTE CIR
FT. MYERS FL
City

FL Zip Code
33908

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

Thomas J. Mann President Thomas J. Mann

1-7-00

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, 2000 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
S
MANKINS, VICKI LEE
144 WANATAH AVE S.
LEIGH ACRES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAIRE, DAVID G.
144 WANATAH AVE S.
LEIGH ACRES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ELAKMAN, SY
3859 BEE RIDGE RD., #104
SARASOTA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MANN, THOMAS J.
504 CENTER RD A-3
FT MYERS FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MANN, JOHN W.
2061 FLOWERS DR.
FT. MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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
THOMAS J. MANN
PRESIDENT
11703 POINTE CIR
FT MYERS FL 33908 ☒ 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:

Thomas J. Mann President Thomas J. Mann 1-7-00 941-278-0595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #