


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90065 013 \*\*\*\*50.00

DOCUMENT # <u>L02000032523</u>	
1. Entity Name <u>Custom 3D Solutions, L.L.C.</u>	

**DO NOT WRITE IN THIS SPACE**

20020317

2. Principal Place of Business <u>5359 Stafford Circle</u>		3. Mailing Address <u>5359 Stafford Circle</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Pace, FL</u>		City & State <u>Pace, FL</u>	
Zip <u>32571</u>	Country <u>USA</u>	Zip <u>32571</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name- <u>Edward Hart</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>5359 Stafford Circle</u>			
City <u>Pace</u> FL Zip Code <u>32571</u>			

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>Edward Hart</u> <u>5359 Stafford Circle</u> <u>Pace, FL 32571</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>Jeff Mealy</u> <u>3289 Copper Ridge Circle</u> <u>Cantonment, FL 32533</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>Art Vernon</u> <u>2495 Flynn Rd. West</u> <u>Jacksonville, FL 32223</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>Edward H Hart</u>	1/26/03 (850) 995-5087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

CR2E083B (12/02)