

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90282 029 ***150.00

DOCUMENT # L19635

1. Entity Name

CUSTOM TRIM AND INTERIOR WOODWORKING, INC.



Principal Place of Business

% CINDY NANCY HAMMOCK
5120 W MARGE LN
DUNNELLON FL 34433
US

Mailing Address

% CINDY NANCY HAMMOCK
5120 W MARGE LN
DUNNELLON FL 34433
US

2. Principal Place of Business

5120 W Marge Ln
Suite, Apt. #, etc.

3. Mailing Address

PO Box 244
Suite, Apt. #, etc.

City & State

Dunnellon, FL

Zip
34433

Country

US

City & State

Dunnellon, FL

Zip

34430

Country

US

4. FEI Number

59-2971443

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HAMMOCK, CINDY N.
5120 W MARGE LN
DUNNELLON FL 34433

7. Name and Address of New Registered Agent

Name

William J. Hammock

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

5120 W Marge Ln

City

Dunnellon

FL

Zip Code

34433

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

William J. Hammock

Pres

11/14/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HAMMOCK, WILLIAM J.
STREET ADDRESS 5120 W MARGE LN
CITY-ST-ZIP DUNNELLON FL ☐ Delete

TITLE SDT
NAME HAMMOCK, CINDY N.
STREET ADDRESS 5120 W MARGE LN
CITY-ST-ZIP DUNNELLON FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)