

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90134 009 ***150.00

DOCUMENT # **L53208**

1. Entity Name
CUSTOM WOOD CREATIONS, INC.

Principal Place of Business
CUSTOM WOOD CREATIONS INC
3400 NW 25TH AVE
POMPANO BEACH FL 33069
US

Mailing Address
CUSTOM WOOD CREATIONS INC
3400 NW 25TH AVE
POMPANO BEACH FL 33069
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0179769**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PETERS, DEBRA
3400 NW 25TH AVE
POMPANO BEACH FL 33069

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **PETERS, RONALD**
 STREET ADDRESS **19434 BLACK OLIVE LANE**
 CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **D** ☐ Delete
 NAME **PETERS, DEBRA**
 STREET ADDRESS **19434 BLACK OLIVE LANE**
 CITY-ST-ZIP **BOCA RATON FL**

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

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

CUSTOM WOOD CREATIONS INC.

Attachment
ID# L53208
B0131865

13800

65-0179769 - L53208

150.00

4/26/02

13800

FLORIDA DEPT OF STATE

\$150.00

PRODUCT # L-MP40

51N321 (9/00) 149151

Attachment
#L53208
B0131805

Memorandum

Date: JULY 2, 2002
Subject: REINSTATEMENT
CORPORATION

From: CUSTOM WOOD CREATIONS INC.

Name: DEBBIE PETERS
Phone number: 954-971-8156

Typist's initials: DP

To: REINSTATEMENT DIVISION


Name: L53208 - 65-0179769

CC

IN TWELVE YEARS SINCE INCORPORATED.

SIGNED: DEBRA PETERS DATED: JULY 2, 2002

SINCERELY,



DEBBIE PETERS

CC: ENCLOSURES

☒ Enclosures ☐ Attachments

Notes:

ENCLOSED PLEASE FIND THE COPY OF THE
CORPORATE RETURN THAT WAS MAILED ON
APRIL 26, 2002. I HAVE ENCLOSED A COPY OF
THE BOTTOM PORTION OF THE CHECK STUB FOR
YOUR REFERENCE. AS PER MY DISCUSSION
WITH EULA AT THE DEPARTMENT OF
CORPORATIONS, THIS IS WHAT I WAS TOLD TO
DO IN ORDER FOR THIS TO BE REINSTATED. I AM
NOT PUTTING A STOP PAYMENT ON THE OTHER
CHECK THAT WAS PREVIOUSLY SENT. IF YOU DO
RECEIVE IT PLEASE FORWARD IT BACK TO MY
OFFICE OR DESTROY THE CHECK.
THANKING YOU IN ADVANCE FOR YOUR TIME AND
COOPERATION IN THIS MATTER.
AS YOU CAN SEE IF YOU WERE TO REVIEW THE
COMPANIES HISTORY IT HAS NEVER BEEN LATE