

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L75437

1. Entity Name

CUSTOM INVESTMENTS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90239 047 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 60264
FORT MYERS FL 33906-3264
US

P.O. BOX 60264
FORT MYERS FL 33906-6264
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

65-0200081

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
2342 IVY AVE
SUITE 101
FT MYERS FL 33907

Name Jacci Sanders
Street Address (P.O. Box Number is Not Acceptable)
111 5TH ST A-5
FT MYERS
City FL Zip Code 33907

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 Jacci Sanders

Jacci Sanders

4/27/00

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 ☒ Delete
NAME D
STREET ADDRESS HAIRE, DAVID G.
CITY-ST-ZIP 504 CENTER ROAD
FORT MYERS FL 33906-6264

TITLE ☐ Change ☐ Addition
NAME David G. Haire
STREET ADDRESS DECEASED
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS MANKINS, VICKI
CITY-ST-ZIP 504 CENTER ROAD
FT MYERS FL 33906-6264

TITLE ☐ Change ☒ Addition
NAME MIKE IRBY D.
STREET ADDRESS 10861 Hereford Drive
CITY-ST-ZIP FT MYERS FL 33905

TITLE ☐ Delete
NAME I
STREET ADDRESS SANDERS, JACCI
CITY-ST-ZIP 111 5TH ST., A-5
FT MYERS FL 33907

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

TITLE ☐ Delete
NAME V
STREET ADDRESS MIGHTON, TIMOTHY
CITY-ST-ZIP 8518 DARTMOUTH
FT MYERS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: Jacci Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacci Sanders

Date

Daytime Phone #

941-278-5593

CR2E034 (9/98)