

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L75437

1. Entity Name

CUSTOM INVESTMENTS, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

11154 ST A-5  
Suite, Apt. #, etc.

3. Mailing Address

11154 ST A-5  
Suite, Apt. #, etc.

City & State

FT MYERS FL

Zip

33907

Country

US

City & State

FT MYERS FL

Zip

33907

Country

US

6. Name and Address of Current Registered Agent

SANDERS, JACCI  
115TH ST A-5  
FT MYERS FL 33907

4. FEI Number

65-0200081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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, 2001 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

TITLE D  
NAME IRBY, MIKE  
STREET ADDRESS 10861 HEREFORD DRIVE  
CITY-ST-ZIP FORT MYERS FL 33905 ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME Vicki Mankins  
STREET ADDRESS 19485 met-o-wood lane  
CITY-ST-ZIP Gambier OH 43022 ☒ 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 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

941-278-5593

Daytime Phone #

0534210

CR2E034 (10/00)

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90034 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE