


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN -3 PM 2:27  
W 6/13

**DOCUMENT # M0200001837**

1. Entity Name  
**CUST-O-FAB SERVICE COMPANY, LLC**



Principal Place of Business  
1900 NORTH 161ST EAST AVENUE  
TULSA, OK 74116-4829

Mailing Address  
1900 NORTH 161ST EAST AVENUE  
TULSA, OK 74116-4829

2. Principal Place of Business  
1900N. 161<sup>st</sup> E. Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
1900N. 161<sup>st</sup> E. Ave.  
Suite, Apt. #, etc.

City & State  
Tulsa, OK

City & State  
Tulsa, OK

Zip  
74116-4829

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number  
73-1450925

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C-T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	DEKRAAI, ARLO B		
1900 NORTH 161ST EAST AVENUE	TULSA, OK 741164829		
MGR	SHIMER, RICHARD A		
1900 NORTH 161ST EAST AVENUE	TULSA, OK 741164829		

000020427110  
06/03/03--01079--0102 Change \*56 Addition

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 Richard A. Shimer Date May 15<sup>th</sup>, 2003 (918) 234-4150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (10/02)