

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90323 038 \*\*\*150.00

**DOCUMENT # M83151**

1. Entity Name  
**CUSTOM CURRENTS ELECTRIC, INC.**

Principal Place of Business

S.A.A.  
~~138 MINAS COURT~~  
~~PORT CHARLOTTE FL 33983~~  
~~US~~

Mailing Address

% PEGGY M. BROWN  
138 MINAS COURT  
PORT CHARLOTTE FL 33983

2. Principal Place of Business

**27078 Harbour Oaks Blvd**  
Suite, Apt. #, etc.

3. Mailing Address

**27078 Harbour Oaks Blvd**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Port Charlotte, FL**

City & State  
**Port Charlotte, FL**

4. FEI Number **65-0065099**

Applied For  
Not Applicable

Zip **33983** Country **US**

Zip **33983** Country **US**

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

**BROWN, PEGGY M.**  
**138 MINAS COURT**  
**PORT CHARLOTTE FL**

**27078 Harbour Oaks Blvd**  
**Port Charlotte, FL**  
**33983**

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, PEGGY M.</b> <b>138 MINAS COURT</b> <b>PT. CHARLOTTE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>new address</b> <b>27078 Harbour Oaks Blvd</b> <b>Port Charlotte, FL 33983</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

**2-21-01 941-255-5993**

CR2E034 (10/00)