2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P 00000001421 Feb 28, 2001 8:00 am **Secretary of State** CUISTOM SPRITYERS, INC. 02-28-2001 90108 028 ***150.00 the organ Place of Business 222 COMMERCIAL PLACE 222 COMMARCIAZ PLACE SEBRING, FLA. 33876 SEBRING, FLA. 33876 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3621767 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name J. BANKO RICHARD 10850 SHANKHILL RD. Street Address (P.O. Box Number is Not Acceptable) SEBRING, FLA. 33872 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY:1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Addition TITLE ☐ Delete RICHARD J. BANKO 10850 SHANKHUL ROAD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING, FLA, 33872 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE CHARLES ENTENMANN NAME 100 MRCHER DRIVE #475 STREET ADDRESS STREET ADDRESS KEY LARGO, FLA. 33037 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE BRUCK YOGLIL NAME STREET ADDRESS 1705 5TH TERRACE STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP LORIDAL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Collibba | Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Daytime Phone # RICHARD BANKO