

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90124 027 ***158.75

DOCUMENT # P00000001421

1. Entity Name
CUSTOM SPRAYERS, INC.



Principal Place of Business
222 COMMERCIAL PLACE
SEBRING FL 33876
US

Mailing Address
222 COMMERCIAL PLACE
SEBRING FL 33876
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 **59-3621767**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BANKO, RICHARD J
222 COMMERCIAL PLACE
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name **BRUCE VOGLE**
Street Address (P.O. Box Number is Not Acceptable)
222 COMMERCIAL Place
City **SEBRING** FL Zip Code **33872**

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 Bruce E. Vogel **Bruce E. VOGEL** **4-10-03**
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BANKS, RICHARD	
STREET ADDRESS	10850 SHANKHILL ROAD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENTENMANN, CHARLES	
STREET ADDRESS	100 ARCHER DRIVE #475	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VOGLE, BRUCE	
STREET ADDRESS	1705 5TH TERRACE	
CITY-ST-ZIP	LORIDA FL 33857	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HINOTE, KEN	
STREET ADDRESS	337 MEADOW LANE	
CITY-ST-ZIP	LORIDA FL 33857	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Garry Palmer	
STREET ADDRESS	1808 Airport Rd	
CITY-ST-ZIP	Pocahontas, AR 72455	
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teresa Palmer	
STREET ADDRESS	1808 Airport Rd	
CITY-ST-ZIP	Pocahontas, AR 72455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Garry Palmer **R. G. PALMER (P)** **4/4/03** **870-248-9901**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)