2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # P0000063667** CUSTOM CAGES, INC. 02-06-2001 90056 011 ***150.00 Principal Place of Business Mailing Address 521 SPARROW DRIVE 521 SPARROW DRIVE **EDGEWATER FL 32141** EDGEWATER FL 32141 10014431 2. Principal Place of Business 3. Mailing Address 203 W. MARION AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE UNIT #9 Applied For 4. FEI Number City & State City & State 59-3654092 EDGEWATER Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required OLU<u>51A</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRUNING, KLAUS Street Address (P.O. Box Number is Not Acceptable) **521 SPARROW DRIVE EDGEWATER FL 32141** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete Change ☐ Addition TITLE TITLE BRUNING, KLAUS NAME NAME 521 SPARROW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL 32141** ☐ Delete TITLE TITLE BRUNING, EVELYN BRUNING EVELIN NAME NAME 521 SPARROW DRIVE STREET ADDRESS STREET ADDRESS **EDGEWATER FL 32141** CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR