

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-14-2002 90310 037 ***150.00

DOCUMENT # P01000009118

1. Entity Name

CUSTOM COACH OF AMERICA, INC.

Principal Place of Business

P O BOX 1846
 UMATILLA FL 32784-1846

Mailing Address

P O BOX 1846
 UMATILLA FL 32784-1846

2. Principal Place of Business

2305 SE 51st Ave
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1846
 Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Umatilla, FL

4. Certificate Number

59-3692252

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

32784

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC
941 4TH STREET #200
MIAMI BEACH FL 33139

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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

TITLE	President	<input type="checkbox"/> Delete
NAME	John Palladino	
STREET ADDRESS	2305 SE 51st Ave	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	Sharon Palladino	<input type="checkbox"/> Delete
NAME	Vice President	
STREET ADDRESS	2305 SE 51st Ave	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	Secretary Treasurer	<input type="checkbox"/> Delete
NAME	Kathy Mosley	
STREET ADDRESS	P.O. Box 1846	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)