

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91403 047 \*\*\*150.00

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**DOCUMENT # P01000067113**

1. Entity Name

**DR. CUSTOM UPHOLSTERY & CANVAS, INC.**

Principal Place of Business

**700 LOCK RD #55  
 DEERFIELD BEACH FL 33442**

Mailing Address

**700 LOCK RD #55  
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

**1730 SW 7th AVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**1730 SW 7th AVE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**POMPANO FL**

City & State  
**POMPANO FL**

4. FEI Number  
**651115677**

Applied For  
 Not Applicable

Zip  
**33068**

Country  
**USA**

Zip  
**33068**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CEDILLA, LANCE P  
 700 LOCK RD #55  
 DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name **LANCE CEDILLA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1730 SW 7th AVE**  
 City **POMPANO** FL Zip Code **33068**

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 **LANCE P CEDILLA** **LANCE P CEDILLA** **MARCH 19 2002**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D CEDILLA, LANCE P 700 LOCK RD #55 DEERFIELD BEACH FL 33442</b> <input checked="" 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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LANCE P CEDILLA 1730 SW 7th AVE POMPANO FL 33068</b> <input checked="" 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
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

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: **LANCE P CEDILLA** **MARCH 19 2002** **(954) 254-7788**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)