

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90117 040 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000081783 1. Entity Name CUSTOM SOLUTIONS GROUP, INC.					
Principal Place of Business 2132 SPRINGWATER LN. DAYTONA BEACH, FL 32128			Mailing Address 2132 SPRINGWATER LN. DAYTONA BEACH, FL 32128		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3740797	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FULLER, MIKE 2132 SPRINGWATER LANE DAYTONA BEACH, FL 32128				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning).)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULLER, MICHAEL J 2132 SPRINGWATER LN. DAYTONA BEACH, FL 32128	<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			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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, without other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2034 (10/02)

6/5/03 386-566-7780

Attachment 86125061
PO1000081783

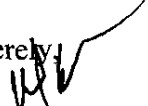
Custom Solutions Group, Inc.
2132 Springwater Lane
Daytona Beach, FL. 32128
386-761-0560

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

I spoke with a customer service representative today who instructed me to write this note of explanation concerning our corporate filings.

Our corporate report was sent out on 4-19-2003 and currently there has been no record of a canceled check at our bank. I have enclosed a reprint of that check with another copy of the filing and a new check. If the original check is found please forward it back to us.

Sincerely,


Mike Fuller
President, Custom Solutions Group, Inc.
mfuller@citysat.com